Image# 13964456488 PAGE 1 / 191

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

										Of	fice Use Only	
1.	NAME (COMMI	OF TTEE (in full)	TYP	E OR F	PRINT ▼		mple: If typion the lines.	ng, type	12FE4	4M5		
V	Vellcare	e Health Pla	ans, Inc	c. PA	C (WellC	are PAC)						I
ADI	DRESS (number and stree	et) 87	735 Her	nderson Road	d 						
ř		eck if different										
H		n previously orted. (ACC)	L ^T	ampa					FL		33634	
2.	FEC ID	ENTIFICATION	N NUMBI	ER ▼		CITY 🛦		5	STATE A		ZIP CO	DDE 🛦
	С	C00390575				3. IS THIS REPORT	\ \ \ \	NEW (N) OR		AMEN (A)	DED	
4.	TYPE (Choose	OF REPORT	(1	b) Mon Rep	ort	Feb 20 (M2)		May 20 (M5)		Aug 20	(M8)	Nov 20 (M11) (Non-Election Year Only)
	(a) Qua	Quarterly Reports:		Due On:		Mar 20 (M3)		Jun 20 (M6)		Sep 20	(M9)	Dec 20 (M12) (Non-Election Year Only)
	April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2)					Apr 20 (M4)		Jul 20 (M7)		Oct 20 ((M10)	Jan 31 (YE)
			ort (Q1)	(c)	12-Day	П	Primary (12F	P)	Gen	neral (120	G)	Runoff (12R)
			ort (Q2)		PRE-Election Report for t		Convention ((12C)	Sne	cial (12S)	
		October 15 Quarterly Repo	ort (Q3)		rioport ior i		Convoluion	(120)	Оро	0.0.1 (120	,	
		January 31 Year-End Repo			E	Election on	M M /	D D /	Y I Y I Y	Y	in the State	of
	×	July 31 Mid-Ye Report (Non-el Year Only) (MY	ear ection	(d)	30-Day POST-Elect		General (300	G)	Run	off (30R)		Special (30S)
	П	Termination Re	eport		Report for t	ne:	M = M /	D D /	Y = Y = Y	Y	in the	
		(TER)			E	Election on					State	of
5.	Coverin	g Period	M M /	01		013	through	M M M	30	D / Y	2013	
l ce	ertify that	I have examine	ed this Re	eport a	nd to the be	est of mv kno	wledge and l	belief it is tru	e. correc	t and co	mplete.	
	-	t Name of Trea		homas								
			The account						г	M = M /	D D /	Y Y Y Y Y
Sig	nature of	Treasurer	Thomas Tr	urı			[Electronically	y Filed] D	ate	07	29	2013
NO [.]	TE: Subm	nission of false, e	erroneous,	or inco	omplete infor	mation may su	bject the per	son signing th	is Report	t to the p	enalties of 2	U.S.C. §437g.
	Of	ffice					-				FEC FOR	
		Jse Inly									Rev. 12/2	

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)
Page 2

Write or Type Committee Name

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Report Covering the Period: From: 01 01 2013 To: 06 30 2013

		COLUMN A This Period	COLUMN B Calendar Year-to-Date			
6.	(a) Cash on Hand January 1, 2013		64771.01			
	(b) Cash on Hand at Beginning of Reporting Period	64771.01				
	(c) Total Receipts (from Line 19)	76909.44	76909.44			
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	141680.45	141680.45			
7.	Total Disbursements (from Line 31)	34500.00	34500.00			
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	107180.45	107180.45			
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00				
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00				

×

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	Total This Period 49196.80	Calendar Year-to-Date 49196.80
Individuals/Persons Other Than Political Committees	49196.80	49196 80
Than Political Committees	49196.80	49196.80
	49196.80	49196.80
		40100.00
(ii) Unitemized	27712.64	27712.64
(iii) TOTAL (add		
Lines 11(a)(i) and (ii)▶	76909.44	76909.44
	2.00	0.00
	0.00	0.00
	0.00	0.00
	0.00	0.00
	76909 44	76909.44
	7.000.11	
	0.00	0.00
Try Committees	0.00	7
Loans Received	0.00	0.00
	7	7
on Pongyments Pongiyad	0.00	0.00
	0.00	0.00
· · · · · · · · · · · · · · · · · · ·	0.00	0.00
		7
litical Committees	0.00	0.00
ner Federal Receipts		
vidends, Interest, etc.)	0.00	0.00
ansfers from Non-Federal and Levin Funds		
(from Schedule H3)	0.00	0.00
Levin Funds (from Schedule H5)	0.00	0.00
=		
Total Transfers (add 18(a) and 18(b))	0.00	0.00
of each	Lines 11(a)(i) and (ii)	Lines 11(a)(i) and (ii)

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
1.	Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		Janonian Tour to Butto
	(i) Federal Share	0.00	0.00
	(1) N 5 1 10	0.00	0.00
	(ii) Non-Federal Share(b) Other Federal Operating	0.00	0.00
	Expenditures	0.00	0.00
	(c) Total Operating Expenditures		
	(add 21(a)(i), (a)(ii), and (b))▶	0.00	0.00
	Transfers to Affiliated/Other Party Committees	0.00	0.00
	Contributions to Federal Candidates/Committees and Other Political Committees	31000.00	31000.00
	Independent Expenditures		
	(use Schedule E)	0.00	0.00
	(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
	Loan Repayments Made	0.00	0.00
	Loans MadeRefunds of Contributions To:	0.00	0.00
	(a) Individuals/Persons Other Than Political Committees	0.00	0.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	(d) Total Contribution Refunds	0.00	0.00
	(add Lines 28(a), (b), and (c))▶	0.00	0.00
	Other Disbursements	3500.00	3500.00
	Federal Election Activity (2 U.S.C. §431(20)) (a) Allocated Federal Election Activity		
	(from Schedule H6) (i) Federal Share	0.00	0.00
	(ii) "Levin" Share(b) Federal Election Activity Paid Entirely	0.00	0.00
	With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	, 0.00
	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	34500.00	34500.00
	Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)		
	from Line 31)	34500.00	34500.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) III. Net Contributions/Operating Ex-

penditures

(from Line 11(d), page 3)

(from Line 28(d)).....

(subtract Line 34 from Line 33)

(add Line 21(a)(i) and Line 21(b))▶

(from Line 15, page 3).....

(subtract Line 37 from Line 36)

33. Total Contributions (other than loans)

35. Net Contributions (other than loans)

36. Total Federal Operating Expenditures

37. Offsets to Operating Expenditures

38. Net Operating Expenditures

34. Total Contribution Refunds

Page 5 **COLUMN A** COLUMN B **Total This Period** Calendar Year-to-Date 76909.44 76909.44 0.00 0.00 76909.44 76909.44 0.00 0.00 0.00 0.00 0.00 0.00

1mage# 13964456493 PAGE 6 / 191

: 97 A = G7 9 @ G5 B9 CI G'H9 LH F 9 @ 5 H9 8 'HC '5 F 9 DC F HZ G7 < 98 I @ 'C F '+ H9 A = N 5 H= C B

Form/Schedule: F3XN Transaction ID :

No expenditure, other than a direct contribution, was made on behalf of a specifically identified federal candidate. No expenditure was for a public communication that referred to a clearly identified candidate for Federal office and that promoted, supported, attacked or opposed any such candidate for Federal office.

Form/Schedule: Transaction ID:

		FOR LINE NUMBER:				PAGE	Ξ	7	OF	191	
Use separate schedule(s) for each category of the	(c	he	ck only	or	ne)						
Detailed Summary Page		X	11a		11b		11c		12	!	
			13		14		15		16	; [17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Nicholas Abid Date of Receipt Mailing Address 8735 Henderson Road 05 2013 City State Zip Code Transaction ID: SA11AI.5921 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 288.45 Other (specify) Full Name (Last, First, Middle Initial) B. Nicholas Abid Date of Receipt Mailing Address 8735 Henderson Road 03 05 2013 City State Zip Code Transaction ID: SA11AI.5988 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 384.60 Other (specify) Full Name (Last, First, Middle Initial) c. Nicholas Abid Date of Receipt Mailing Address 8735 Henderson Road 02 04 2013 Zip Code City State Transaction ID: SA11AI.6085 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 480.75 Other (specify) 288.45 SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

	FOR LINE NUMBER: PA	AGE 8							
Use separate schedule(s) for each category of the	(check only one)								
Detailed Summary Page	X 11a 11b 11c	: 12							
	12 14 15	10							

OF

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NAME OF COMMITTEE (In Full)

NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. P.	AC (WellCare PAC)	
Full Name (Last, First, Middle Initial) A. Nicholas Abid		Date of Receipt
Mailing Address 8735 Henderson Road		04 02 2013
City Tampa	State Zip Code FL 33634	Transaction ID : SA11AI.6159 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	96.15
Name of Employer WellCare Health Plans, Inc.	Occupation health care	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 576.90	
Full Name (Last, First, Middle Initial) 3. Nicholas Abid	'	Date of Receipt
Mailing Address 8735 Henderson Road		04 02 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Tampa	State Zip Code FL 33634	Transaction ID : SA11AI.6267 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	96.15
Name of Employer WellCare Health Plans, Inc.	Occupation health care	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 673.05	
Full Name (Last, First, Middle Initial) C. Nicholas Abid		Date of Receipt
Mailing Address 8735 Henderson Road		04 30 2013
City Tampa	State Zip Code FL 33634	Transaction ID : SA11AI.6703 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	96.15
Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General	Occupation health care Aggregate Year-to-Date ▼	
Other (specify)	769.20	
SUBTOTAL of Receipts This Page (optional)	<u> </u>	288.45
TOTAL This Period (last page this line numb	er only)	

FOR LINE NUMBER: **PAGE** 9 OF 191 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Nicholas Abid Date of Receipt Mailing Address 8735 Henderson Road 04 30 2013 City State Zip Code Transaction ID: SA11AI.6736 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 865.35 Other (specify) Full Name (Last, First, Middle Initial) B. Nicholas Abid Date of Receipt Mailing Address 8735 Henderson Road 05 29 2013 City State Zip Code Transaction ID: SA11AI.7072 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 961.50 Other (specify) Full Name (Last, First, Middle Initial) c. Nicholas Abid Date of Receipt Mailing Address 8735 Henderson Road 05 29 2013 City State Zip Code Transaction ID: SA11AI.7107 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1057.65 Other (specify) 288.45 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

FOR LINE NUMBER: PAGE 10 OF 191

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a
Any information copied from such Reports and Sta or for commercial purposes, other than using the n	tements may not be sold or used by any per name and address of any political committee	son for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC	(WellCare PAC)	
WellCare Health Plans, Inc. Receipt For: □ Primary □ General □ Other (specify) ▼	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 1153.80	Date of Receipt 06 24 2013 Transaction ID: SA11Al.7462 Amount of Each Receipt this Period 96.15
WallCare Llealth Dlane Inc	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 1249.95	Date of Receipt M
, ,	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 384.60	Date of Receipt 04 02 2013 Transaction ID: SA11AI.6197 Amount of Each Receipt this Period 192.30
SUBTOTAL of Receipts This Page (optional)	>	384.60
TOTAL This Period (last page this line number or	nly)	

FOR LINE NUMBER: PAGE 11 OF 191 Use separate schedule(s) (check only one) X 11a 11b 12 11c 14 13 15 16

for each category of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Lawrence D. Anderson Date of Receipt Mailing Address 8735 Henderson Road 04 30 2013 City State Zip Code Transaction ID: SA11AI.6747 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 192.30 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 576.90 Other (specify) Full Name (Last, First, Middle Initial) B. Lawrence D. Anderson Date of Receipt Mailing Address 8735 Henderson Road 04 30 2013 City State Zip Code Transaction ID: SA11AI.6756 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 192.30 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 769.20 Other (specify) Full Name (Last, First, Middle Initial) c. Lawrence D. Anderson Date of Receipt Mailing Address 8735 Henderson Road 05 29 2013 City State Zip Code Transaction ID: SA11AI.7117 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 192.30 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 961.50 Other (specify) 576.90 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

	FO	R LINE	NU	IMBER	:	PAGE	•	12 OF	= 19	9
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for each category of the Detailed Summary Page	×	11a		11b		11c		12		
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc.	PAC (WellCare PAC)	
Full Name (Last, First, Middle Initial) Lawrence D. Anderson		Date of Receipt
Mailing Address 8735 Henderson Road		05 29 2013
City Tampa	State Zip Code FL 33634	Transaction ID : SA11AI.7125 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	192.30
Name of Employer WellCare Health Plans, Inc.	Occupation health care	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1153.80	
Full Name (Last, First, Middle Initial) Lawrence D. Anderson		Date of Receipt
Mailing Address 8735 Henderson Road		06 24 2013
City Tampa	State Zip Code FL 33634	Transaction ID : SA11AI.7507 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	192.30
Name of Employer WellCare Health Plans, Inc.	Occupation health care	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1346.10	
Full Name (Last, First, Middle Initial) Lawrence D. Anderson	·	Date of Receipt
Mailing Address 8735 Henderson Road		06 24 2013
City Tampa	State Zip Code FL 33634	Transaction ID : SA11AI.7514 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	192.30
Name of Employer WellCare Health Plans, Inc.	Occupation health care	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1538.40	
SUBTOTAL of Receipts This Page (options	al)	576.90
TOTAL This Period (last page this line nur	mber only)	

FOR LINE NUMBER: PAGE 13 OF 191 Use separate schedule(s) (check only one)

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a
Any information copied from such Reports and Stator for commercial purposes, other than using the n		
NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC	(WellCare PAC)	
' '	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 288.45	Date of Receipt 03 05 2013 Transaction ID: SA11AI.5919 Amount of Each Receipt this Period 96.15
WallCare Health Plane Inc	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 384.60	Date of Receipt 03 05 2013 Transaction ID : SA11AI.5986 Amount of Each Receipt this Period 96.15
' '	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 480.75	Date of Receipt M M M O2 2013 Transaction ID: SA11AI.6083 Amount of Each Receipt this Period 96.15
SUBTOTAL of Receipts This Page (optional))	288.45
TOTAL This Period (last page this line number on	ıly)	

FOR LINE NUMBER: PAGE 14 OF 191 Use separate schedule(s) (check only one)

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a
Any information copied from such Reports and Stator for commercial purposes, other than using the n		
NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC	(WellCare PAC)	
' '	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 576.90	Date of Receipt 04 02 2013 Transaction ID: SA11AI.6157 Amount of Each Receipt this Period 96.15
WallCare Health Plane Inc	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 673.05	Date of Receipt 04 02 2013 Transaction ID: SA11Al.6265 Amount of Each Receipt this Period 96.15
' '	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 769.20	Date of Receipt M M M
SUBTOTAL of Receipts This Page (optional))	288.45
TOTAL This Period (last page this line number on	ıly)	

	FOR LINE NUI	MBER:	PAGE	15 OF	191
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for each category of the Detailed Summary Page	X 11a	11b	11c	12	
	13	14	15	ີ 16 Γ	717

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SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

	FOF	R LINE	NU	IMBER	:	PAGE	•	16 O	F	19
Use separate schedule(s) for each category of the	(che	ck only	or or	ne)						
Detailed Summary Page	X	11a		11b		11c		12		
,		13		14		15		16		71

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Bryan M. Baier Date of Receipt Mailing Address 8735 Henderson Blvd. 2013 24 City State Zip Code Transaction ID: SA11AI.7459 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1153.80 Other (specify) Full Name (Last, First, Middle Initial) B. Bryan M. Baier Date of Receipt Mailing Address 8735 Henderson Blvd. 06 24 2013 City State Zip Code Transaction ID: SA11AI.7493 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1249.95 Other (specify) Full Name (Last, First, Middle Initial) c. Lucinda Baily Date of Receipt Mailing Address 8735 Henderson Road 30 04 2013 Zip Code City State Transaction ID: SA11AI.6715 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 288.45 Other (specify) 288.45 SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 17 OF 191

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Statements ma or for commercial purposes, other than using the name and a		erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCa	are PAC)	
Full Name (Last, First, Middle Initial) Lucinda Baily Mailing Address 8735 Henderson Road City State Tampa FEC ID number of contributing federal political committee. Name of Employer Wellcare Health Plans, Inc. Receipt For: Primary General Other (specify)		Date of Receipt 05 29 2013 Transaction ID: SA11AI.7048 Amount of Each Receipt this Period 96.15
Full Name (Last, First, Middle Initial) Lucinda Baily Mailing Address 8735 Henderson Road City State Tampa FL FEC ID number of contributing federal political committee. Name of Employer Wellcare Health Plans, Inc. Receipt For: Primary General Other (specify) Aggregate	Zip Code 33634 Year-to-Date ▼	Date of Receipt 05 29 2013 Transaction ID: SA11AI.7084 Amount of Each Receipt this Period 96.15
Full Name (Last, First, Middle Initial) Lucinda Baily Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer Wellcare Health Plans, Inc. Receipt For: Primary General Other (specify)		Date of Receipt 06 24 2013 Transaction ID: SA11AI.7437 Amount of Each Receipt this Period 96.15
SUBTOTAL of Receipts This Page (optional)		288.45

FOR LINE NUMBER: PAGE 18 OF 191 Use separate schedule(s) (check only one) X 11a 11b 12 11c

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Lucinda Baily Date of Receipt Mailing Address 8735 Henderson Road 2013 24 City State Zip Code Transaction ID: SA11AI.7476 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 673.05 Other (specify) Full Name (Last, First, Middle Initial) B. Richard O. Banner Date of Receipt Mailing Address 8735 Henderson Road 04 02 2013 City State Zip Code Transaction ID: SA11AI.6100 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 46.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 230.75 Other (specify) Full Name (Last, First, Middle Initial) c. Richard O. Banner Date of Receipt Mailing Address 8735 Henderson Road 02 04 2013 City State Zip Code Transaction ID: SA11AI.6174 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 46.15 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 276.90 Other (specify) 188.45 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Richard O. Banner Date of Receipt Mailing Address 8735 Henderson Road 04 2013 02 City State Zip Code Transaction ID: SA11AI.6287 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 46.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 323.05 Other (specify) Full Name (Last, First, Middle Initial) B. Richard O. Banner Date of Receipt Mailing Address 8735 Henderson Road 04 30 2013 City State Zip Code Transaction ID: SA11AI.6665 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 46.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 369.20 Other (specify) Full Name (Last, First, Middle Initial) c. Richard O. Banner Date of Receipt Mailing Address 8735 Henderson Road 30 04 2013 City State Zip Code Transaction ID: SA11AI.6666 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 46.15 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 415.35 Other (specify) 138.45 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Richard O. Banner Date of Receipt Mailing Address 8735 Henderson Road 2013 29 City State Zip Code Transaction ID: SA11AI.7036 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 46.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 461.50 Other (specify) Full Name (Last, First, Middle Initial) B. Richard O. Banner Date of Receipt Mailing Address 8735 Henderson Road 05 29 2013 City State Zip Code Transaction ID: SA11AI.7037 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 46.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 507.65 Other (specify) Full Name (Last, First, Middle Initial) c. Richard O. Banner Date of Receipt Mailing Address 8735 Henderson Road 06 24 2013 Zip Code City State Transaction ID: SA11AI.7423 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 46.15 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 553.80 Other (specify) 138.45 SUBTOTAL of Receipts This Page (optional).....

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for each category of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Richard O. Banner Date of Receipt Mailing Address 8735 Henderson Road 2013 24 City State Zip Code Transaction ID: SA11AI.7424 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 46.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 599.95 Other (specify) Full Name (Last, First, Middle Initial) B. Tanya Bartholomew Date of Receipt Mailing Address 8735 Henderson Road 06 24 2013 City State Zip Code Transaction ID: SA11AI.7366 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 230.76 Other (specify) Full Name (Last, First, Middle Initial) c. Tanya Bartholomew Date of Receipt Mailing Address 8735 Henderson Road 06 24 2013 City State Zip Code Transaction ID: SA11AI.7396 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 С federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 269.22 Other (specify) 123.07 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Robert A. Beck Date of Receipt Mailing Address 8735 Henderson Road 05 2013 City State Zip Code Transaction ID: SA11AI.5918 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 288.45 Other (specify) Full Name (Last, First, Middle Initial) B. Robert A. Beck Date of Receipt Mailing Address 8735 Henderson Road 03 05 2013 City State Zip Code Transaction ID: SA11AI.5985 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 384.60 Other (specify) Full Name (Last, First, Middle Initial) **c.** Robert A. Beck Date of Receipt Mailing Address 8735 Henderson Road 02 2013 04

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480.75

Zip Code

33634

State

FL

C

Occupation

health care

Aggregate Year-to-Date ▼

96.15

Transaction ID: SA11AI.6082

Amount of Each Receipt this Period

City

Tampa

FEC ID number of contributing

federal political committee.

WellCare Health Plans, Inc.

Other (specify)

General

Name of Employer

Primary

Receipt For:

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Robert A. Beck Date of Receipt Mailing Address 8735 Henderson Road 04 02 2013 City State Zip Code Transaction ID: SA11AI.6156 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 576.90 Other (specify) Full Name (Last, First, Middle Initial) B. Robert A. Beck Date of Receipt Mailing Address 8735 Henderson Road 04 02 2013 City State Zip Code Transaction ID: SA11AI.6264 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 673.05 Other (specify) Full Name (Last, First, Middle Initial) **c.** Robert A. Beck Date of Receipt Mailing Address 8735 Henderson Road 30 04 2013 Zip Code City State Transaction ID: SA11AI.6697 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 769.20 Other (specify) 288.45 SUBTOTAL of Receipts This Page (optional).....

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TEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one) X 11a
Any information copied from such Reports and Statement or for commercial purposes, other than using the name a		erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (Wel	ICare PAC)	
Full Name (Last, First, Middle Initial) Robert A. Beck Mailing Address 8735 Henderson Road City State Tampa FL FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify) Other (specify)	33634 ation	Date of Receipt 04 30 2013 Transaction ID: SA11Al.6731 Amount of Each Receipt this Period 96.15
Full Name (Last, First, Middle Initial) Robert A. Beck Mailing Address 8735 Henderson Road City State Tampa FL FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify) ▼ Aggree	33634 ation	Date of Receipt 05 29 2013 Transaction ID : SA11AI.7066 Amount of Each Receipt this Period 96.15
Full Name (Last, First, Middle Initial) Robert A. Beck Mailing Address 8735 Henderson Road City State Tampa FL FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify) Aggreg	33634 ation	Date of Receipt M M M
SUBTOTAL of Receipts This Page (optional)		288.45
TOTAL This Period (last page this line number only)		

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TEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one) X 11a
Any information copied from such Reports and Statements or for commercial purposes, other than using the name and		erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellC	Care PAC)	
Full Name (Last, First, Middle Initial) Robert A. Beck Mailing Address 8735 Henderson Road City State Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary Other (specify) General Other (specify)		Date of Receipt 06 24 2013 Transaction ID: SA11AI.7458 Amount of Each Receipt this Period 96.15
Full Name (Last, First, Middle Initial) Robert A. Beck Mailing Address 8735 Henderson Road City State Tampa FL FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify) ▼ Aggrega		Date of Receipt 06 24 2013 Transaction ID : SA11AI.7492 Amount of Each Receipt this Period 96.15
Full Name (Last, First, Middle Initial) Scott B. Black Mailing Address 8735 Henderson Road City State Tampa FL FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify) General		Date of Receipt M M M O2 2013 Transaction ID: SA11AI.6172 Amount of Each Receipt this Period 38.46
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number only)		230.76

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17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Scott B. Black Date of Receipt Mailing Address 8735 Henderson Road 04 02 2013 City State Zip Code Transaction ID: SA11AI.6285 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 269.22 Other (specify) Full Name (Last, First, Middle Initial) B. Scott B. Black Date of Receipt Mailing Address 8735 Henderson Road 30 04 2013 City State Zip Code Transaction ID: SA11AI.6624 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼

Primary General 307.68 Other (specify) Full Name (Last, First, Middle Initial) c. Scott B. Black Date of Receipt Mailing Address 8735 Henderson Road 30 04 2013 Zip Code City State Transaction ID: SA11AI.6655 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 346.14 Other (specify)

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NAME OF COMMITTED Wellcare Health	'	C (WellCare PAC)	
Full Name (Last, First, Scott B. Black Mailing Address 8735 F City Tampa FEC ID number of confederal political committed Name of Employer WellCare Health Plans, Receipt For: Primary Other (specify)	Henderson Road tributing tee.	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 384.60	Date of Receipt 05
Full Name (Last, First, Scott B. Black Mailing Address 8735 F City Tampa FEC ID number of confederal political committ Name of Employer WellCare Health Plans, Receipt For: Primary Other (specify)	Henderson Road tributing tee.	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 423.06	Date of Receipt 05
Full Name (Last, First, Scott B. Black Mailing Address 8735 F City Tampa FEC ID number of confederal political committ Name of Employer WellCare Health Plans, Receipt For: Primary Other (specify)	Henderson Road tributing tee.	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 461.52	Date of Receipt M
SUBTOTAL of Receipts	This Page (optional)		▶ 115.38
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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Scott B. Black Date of Receipt Mailing Address 8735 Henderson Road 2013 24 City State Zip Code Transaction ID: SA11AI.7412 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 499.98 Other (specify) Full Name (Last, First, Middle Initial) B. John Burke Date of Receipt Mailing Address 8735 Henderson Road 04 30 2013 City State Zip Code Transaction ID: SA11AI.6711 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 288.45 Other (specify) Full Name (Last, First, Middle Initial) c. John Burke Date of Receipt Mailing Address 8735 Henderson Road 05 29 2013 City State Zip Code Transaction ID: SA11AI.7044 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 С federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 384.60 Other (specify) 230.76 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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Any information copied from such Reports and Statemor for commercial purposes, other than using the name		
NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (W	ellCare PAC)	
Tampa FEC ID number of contributing federal political committee. Name of Employer Wellcare Health Plans, Inc. Receipt For: Primary Other (specify) Occ Agg		Date of Receipt 05 29 2013 Transaction ID: SA11AI.7080 Amount of Each Receipt this Period 96.15
Tampa FIC ID number of contributing federal political committee. Name of Employer Wellcare Health Plans, Inc. Receipt For:	3555	Date of Receipt 06 24 2013 Transaction ID : SA11AI.7451 Amount of Each Receipt this Period 96.15
Tampa FEC ID number of contributing federal political committee. Name of Employer Wellcare Health Plans, Inc. Descript For:		Date of Receipt 06 24 2013 Transaction ID: SA11AI.7486 Amount of Each Receipt this Period 96.15
SUBTOTAL of Receipts This Page (optional)		288.45
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Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Bernard M. Cohen Date of Receipt Mailing Address 8735 Henderson Road 04 30 2013 City State Zip Code Transaction ID: SA11AI.6709 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 288.45 Other (specify) Full Name (Last, First, Middle Initial) B. Bernard M. Cohen Date of Receipt Mailing Address 8735 Henderson Road 05 29 2013 City State Zip Code Transaction ID: SA11AI.7042 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 384.60 Other (specify) Full Name (Last, First, Middle Initial) c. Bernard M. Cohen Date of Receipt Mailing Address 8735 Henderson Road 05 29 2013 City State Zip Code Transaction ID: SA11AI.7078 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 С federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 480.75 Other (specify) 288.45 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Bernard M. Cohen Date of Receipt Mailing Address 8735 Henderson Road 2013 24 City State Zip Code Transaction ID: SA11AI.7468 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 576.90 Other (specify) Full Name (Last, First, Middle Initial) B. Bernard M. Cohen Date of Receipt Mailing Address 8735 Henderson Road 06 24 2013 City State Zip Code Transaction ID: SA11AI.7502 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 673.05 Other (specify) Full Name (Last, First, Middle Initial) c. Kevin Conroy Date of Receipt Mailing Address 8735 Henderson Road 05 03 2013 City State Zip Code Transaction ID: SA11AI.5964 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 57.69 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 230.76 Other (specify) 249.99 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Kevin Conroy Date of Receipt Mailing Address 8735 Henderson Road 04 2013 02 City State Zip Code Transaction ID: SA11AI.6062 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 57.69 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 288.45 Other (specify) Full Name (Last, First, Middle Initial) B. Kevin Conroy Date of Receipt Mailing Address 8735 Henderson Road 04 02 2013 City State Zip Code Transaction ID: SA11AI.6136 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 57.69 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 346.14 Other (specify) Full Name (Last, First, Middle Initial) c. Kevin Conroy Date of Receipt Mailing Address 8735 Henderson Road 02 04 2013 City State Zip Code Transaction ID: SA11AI.6242 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 57.69 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 403.83 Other (specify) 173.07 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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Any information copied from such Reports and S or for commercial purposes, other than using the	statements may not be sold or used by any pe e name and address of any political committee	rson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC	C (WellCare PAC)	
Full Name (Last, First, Middle Initial) Kevin Conroy Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 461.52	Date of Receipt 04 30 2013 Transaction ID: SA11Al.6669 Amount of Each Receipt this Period 57.69
Full Name (Last, First, Middle Initial) Kevin Conroy Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 519.21	Date of Receipt 04 30 2013 Transaction ID: SA11Al.6670 Amount of Each Receipt this Period 57.69
Full Name (Last, First, Middle Initial) Kevin Conroy Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 576.90	Date of Receipt M
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Kevin Conroy Date of Receipt Mailing Address 8735 Henderson Road 2013 29 City State Zip Code Transaction ID: SA11AI.7039 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 57.69 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 634.59 Other (specify) Full Name (Last, First, Middle Initial) B. Kevin Conroy Date of Receipt Mailing Address 8735 Henderson Road 06 24 2013 City State Zip Code Transaction ID: SA11AI.7427 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 57.69 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 692.28 Other (specify) Full Name (Last, First, Middle Initial) c. Kevin Conroy Date of Receipt Mailing Address 8735 Henderson Road 06 24 2013 Zip Code City State Transaction ID: SA11AI.7428 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 57.69 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 749.97 Other (specify) 173.07 SUBTOTAL of Receipts This Page (optional).....

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NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. P	AC (WellCare PAC)	
Full Name (Last, First, Middle Initial) Walter W. Cooper Mailing Address 8735 Henderson Road		Date of Receipt
or do Hondologii ricad		03 05 2013
City	State Zip Code	Transaction ID : SA11AI.5922
Tampa	FL 33634	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	192.30
Name of Employer	Occupation	
WellCare Health Plans, Inc.	health care	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	384.60	
Full Name (Last, First, Middle Initial) Walter W. Cooper	•	Date of Receipt
Mailing Address 8735 Henderson Road		03 05 2013
City	State Zip Code	Transaction ID : SA11AI.5989
Tampa	FL 33634	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	192.30
Name of Employer	Occupation	
WellCare Health Plans, Inc.	health care	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	576.90	
Full Name (Last, First, Middle Initial) Walter W. Cooper		Date of Receipt
Mailing Address 8735 Henderson Road		04 02 2013
City	State Zip Code FL 33634	Transaction ID : SA11AI.6086
Tampa	FL 33634	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	192.30
Name of Employer	Occupation	1
WellCare Health Plans, Inc.	health care	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	769.20	
SUBTOTAL of Receipts This Page (optional))	576.90
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Walter W. Cooper Date of Receipt Mailing Address 8735 Henderson Road 04 02 2013 City State Zip Code Transaction ID: SA11AI.6270 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 192.30 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 961.50 Other (specify) Full Name (Last, First, Middle Initial) B. Walter W. Cooper Date of Receipt Mailing Address 8735 Henderson Road 04 30 2013 City State Zip Code Transaction ID: SA11AI.6753 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 192.30 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1153.80 Other (specify) Full Name (Last, First, Middle Initial) c. Walter W. Cooper Date of Receipt Mailing Address 8735 Henderson Road

Transaction ID: SA11AI.6760 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1346.10 Other (specify)

State

Zip Code

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192.30

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City

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Walter W. Cooper Date of Receipt Mailing Address 8735 Henderson Road 2013 City State Zip Code Transaction ID: SA11AI.7122 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 192.30 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1538.40 Other (specify) Full Name (Last, First, Middle Initial) B. Walter W. Cooper Date of Receipt Mailing Address 8735 Henderson Road 05 29 2013 City State Zip Code Transaction ID: SA11AI.7129 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 192.30 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1730.70 Other (specify) Full Name (Last, First, Middle Initial) c. Walter W. Cooper Date of Receipt Mailing Address 8735 Henderson Road 06 24 2013 City State Zip Code Transaction ID: SA11AI.7511 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 192.30 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1923.00 Other (specify) 576.90 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 39 OF 191 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Walter W. Cooper Date of Receipt Mailing Address 8735 Henderson Road 2013 24 City State Zip Code Transaction ID: SA11AI.7518 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 192.30 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 2115.30 Other (specify) Full Name (Last, First, Middle Initial) B. Ann C. Cox Date of Receipt Mailing Address 8735 Henderson Road 04 02 2013 City State Zip Code Transaction ID: SA11AI.6170 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 230.76 Other (specify) Full Name (Last, First, Middle Initial) c. Ann C. Cox Date of Receipt Mailing Address 8735 Henderson Road 02 04 2013 City State Zip Code Transaction ID: SA11AI.6283 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 269.22 Other (specify) 269.22 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Ann C. Cox Date of Receipt Mailing Address 8735 Henderson Road 04 30 2013 City State Zip Code Transaction ID: SA11AI.6623 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 307.68 Other (specify) Full Name (Last, First, Middle Initial) B. Ann C. Cox Date of Receipt Mailing Address 8735 Henderson Road 30 04 2013 City State Zip Code Transaction ID: SA11AI.6654 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 346.14 Other (specify) Full Name (Last, First, Middle Initial) c. Ann C. Cox Date of Receipt Mailing Address 8735 Henderson Road 05 29 2013 City State Zip Code Transaction ID: SA11AI.6997 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 384.60 Other (specify) 115.38 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

FOR LINE NUMBER: PAGE 41 OF 191 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c

Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Ann C. Cox Date of Receipt Mailing Address 8735 Henderson Road 2013 City State Zip Code Transaction ID: SA11AI.7027 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 423.06 Other (specify) Full Name (Last, First, Middle Initial) B. Ann C. Cox Date of Receipt Mailing Address 8735 Henderson Road 06 24 2013 City State Zip Code Transaction ID: SA11AI.7382 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 461.52 Other (specify) Full Name (Last, First, Middle Initial) c. Ann C. Cox Date of Receipt Mailing Address 8735 Henderson Road 06 24 2013 City State Zip Code Transaction ID: SA11AI.7411 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 499.98 Other (specify) 115.38 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Alec Cunningham Date of Receipt Mailing Address 8735 Henderson Road 05 2013 City State Zip Code Transaction ID: SA11AI.5898 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 192.30 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 384.60 Other (specify) Full Name (Last, First, Middle Initial) B. Alec Cunningham Date of Receipt Mailing Address 8735 Henderson Road 03 05 2013 City State Zip Code Transaction ID: SA11AI.5965 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 192.30 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 576.90 Other (specify) Full Name (Last, First, Middle Initial) **c.** Alec Cunningham Date of Receipt Mailing Address 8735 Henderson Road 02 04 2013 City State Zip Code Transaction ID: SA11AI.6063 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 192.30 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 769.20 Other (specify) 576.90 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

FOR LINE NUMBER: PAGE 43 OF 191 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c

Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Alec Cunningham Date of Receipt Mailing Address 8735 Henderson Road 04 2013 02 City State Zip Code Transaction ID: SA11AI.6137 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 192.30 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 961.50 Other (specify) Full Name (Last, First, Middle Initial) B. Alec Cunningham Date of Receipt Mailing Address 8735 Henderson Road 04 02 2013 City State Zip Code Transaction ID: SA11AI.6243 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 192.30 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1153.80 Other (specify) Full Name (Last, First, Middle Initial) **c.** Alec Cunningham Date of Receipt Mailing Address 8735 Henderson Road 30 04 2013 City State Zip Code Transaction ID: SA11AI.6752 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 192.30 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1346.10 Other (specify) 576.90 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

FOR LINE NUMBER: PAGE 44 OF 191 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c

Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Alec Cunningham Date of Receipt Mailing Address 8735 Henderson Road 04 30 2013 City State Zip Code Transaction ID: SA11AI.6759 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 192.30 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1538.40 Other (specify) Full Name (Last, First, Middle Initial) B. Alec Cunningham Date of Receipt Mailing Address 8735 Henderson Road 05 29 2013 City State Zip Code Transaction ID: SA11AI.7120 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 192.30 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1730.70 Other (specify) Full Name (Last, First, Middle Initial) **c.** Alec Cunningham Date of Receipt Mailing Address 8735 Henderson Road 05 29 2013 City State Zip Code Transaction ID: SA11AI.7128 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 192.30 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1923.00 Other (specify) 576.90 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Alec Cunningham Date of Receipt Mailing Address 8735 Henderson Road 2013 24 City State Zip Code Transaction ID: SA11AI.7510 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 192.30 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 2115.30 Other (specify) Full Name (Last, First, Middle Initial) B. Alec Cunningham Date of Receipt Mailing Address 8735 Henderson Road 06 24 2013 City State Zip Code Transaction ID: SA11AI.7517 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 192.30 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 2307.60 Other (specify) Full Name (Last, First, Middle Initial) c. David Cure Date of Receipt Mailing Address 8735 Henderson Road 05 03 2013 City State Zip Code Transaction ID: SA11AI.5887 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 288.45 Other (specify) 480.75 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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for each category of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) David Cure Date of Receipt Mailing Address 8735 Henderson Road 05 2013 City State Zip Code Transaction ID: SA11AI.5956 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 384.60 Other (specify) Full Name (Last, First, Middle Initial) B. David Cure Date of Receipt Mailing Address 8735 Henderson Road 04 02 2013 City State Zip Code Transaction ID: SA11AI.6054 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 480.75 Other (specify) Full Name (Last, First, Middle Initial) c. David Cure Date of Receipt Mailing Address 8735 Henderson Road 02 04 2013 City State Zip Code Transaction ID: SA11AI.6122 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 576.90 Other (specify) 288.45 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

SCHEDULE A (FEC Form 3X)

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NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PA	C (WellCare PAC)	
Full Name (Last, First, Middle Initial) David Cure Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 673.05	Date of Receipt O4
Full Name (Last, First, Middle Initial) David Cure Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 769.20	Date of Receipt 04 30 2013 Transaction ID: SA11Al.6678 Amount of Each Receipt this Period 96.15
Full Name (Last, First, Middle Initial) David Cure Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 865.35	Date of Receipt 04 30 2013 Transaction ID: SA11AI.6713 Amount of Each Receipt this Period 96.15
SUBTOTAL of Receipts This Page (optional)		288.45
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14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) David Cure Date of Receipt Mailing Address 8735 Henderson Road 2013 City State Zip Code Transaction ID: SA11AI.7047 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 961.50 Other (specify) Full Name (Last, First, Middle Initial) B. David Cure Date of Receipt Mailing Address 8735 Henderson Road 05 29 2013 City State Zip Code Transaction ID: SA11AI.7083 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1057.65 Other (specify) Full Name (Last, First, Middle Initial) c. David Cure Date of Receipt Mailing Address 8735 Henderson Road 06 24 2013 City State Zip Code Transaction ID: SA11AI.7435 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1153.80 Other (specify) 288.45 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

SCHEDULE A (FEC Form 3X)

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NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (\)	WellCare PAC)	
Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc.	State Zip Code FL 33634 C ccupation ealth care ggregate Year-to-Date ▼ 1249.95	Date of Receipt M M M / 24 2013 Transaction ID: SA11AI.7475 Amount of Each Receipt this Period 96.15
Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc.	State Zip Code FL 33634 C ccupation alth care ggregate Year-to-Date ▼ 288.45	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc.	State Zip Code FL 33634 C ccupation ealth care ggregate Year-to-Date ▼ 384.60	Date of Receipt 03 05 2013 Transaction ID: SA11AI.5973 Amount of Each Receipt this Period 96.15
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number only	<u> </u>	288.45

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) William W. Davies Date of Receipt Mailing Address 8735 Henderson Road 04 2013 02 City State Zip Code Transaction ID: SA11AI.6071 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 480.75 Other (specify) Full Name (Last, First, Middle Initial) B. William W. Davies Date of Receipt Mailing Address 8735 Henderson Road 04 02 2013 City State Zip Code Transaction ID: SA11AI.6145 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 576.90 Other (specify) Full Name (Last, First, Middle Initial) c. William W. Davies Date of Receipt Mailing Address 8735 Henderson Road 02 04 2013 City State Zip Code Transaction ID: SA11AI.6252 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 673.05 Other (specify) 288.45 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) William W. Davies Date of Receipt Mailing Address 8735 Henderson Road 04 30 2013 City State Zip Code Transaction ID: SA11AI.6694 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 769.20 Other (specify) Full Name (Last, First, Middle Initial) B. William W. Davies Date of Receipt Mailing Address 8735 Henderson Road 04 30 2013 City State Zip Code Transaction ID: SA11AI.6728 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 865.35 Other (specify) Full Name (Last, First, Middle Initial) c. William W. Davies Date of Receipt Mailing Address 8735 Henderson Road 05 29 2013 City State Zip Code Transaction ID: SA11AI.7062 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 961.50 Other (specify) 288.45 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page	X	11a		11b		11c		12	
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	Statements may not be sold or used by any persone name and address of any political committee to	
NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PA	C (WellCare PAC)	
Full Name (Last, First, Middle Initial) William W. Davies Mailing Address 8735 Henderson Road		Date of Receipt
DEON NOSIBEIDE C135 PENGESSON KOSO		05 29 2013
City	State Zip Code	Transaction ID : SA11AI.7097
Tampa	FL 33634	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	96.15
Name of Employer	Occupation	
WellCare Health Plans, Inc.	health care	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1057.65	
Full Name (Last, First, Middle Initial) William W. Davies	'	Date of Receipt
Mailing Address 8735 Henderson Road		06 24 _2013 _
City	State Zip Code	Transaction ID : SA11AI.7455
Татра	FL 33634	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	96.15
Name of Employer	Occupation	1
WellCare Health Plans, Inc.	health care	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	1153.80	
Full Name (Last, First, Middle Initial) C. William W. Davies		Date of Receipt
Mailing Address 8735 Henderson Road		06 24 2013
City Tampa	State Zip Code FL 33634	Transaction ID : SA11AI.7490
·	1 - 33034	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	96.15
Name of Employer	Occupation	-
WellCare Health Plans, Inc.	health care	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1249.95	
SUBTOTAL of Receipts This Page (optional)		288.45
TOTAL This Period (last page this line numbe	r only)	

	FOF	R LINE	NU	IMBER	:	PAGE	5	3 OI	F	19
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for each category of the Detailed Summary Page	X	11a		11b		11c		12		
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Any information copied from such Reports and or for commercial purposes, other than using	d Statements may not be sold or used by any pers the name and address of any political committee to	son for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. P.	AC (WellCare PAC)	
Full Name (Last, First, Middle Initial) Christopher C. Dawes Mailing Address 8735 Henderson Road		Date of Receipt
		04 02 2013
City	State Zip Code	Transaction ID : SA11AI.6120
Tampa	FL 33634	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	38.46
Name of Employer	Occupation	
WellCare Health Plans, Inc.	health care	
Receipt For: Primary General Other (coccity)	Aggregate Year-to-Date ▼	
Other (specify)	230.76	
Full Name (Last, First, Middle Initial) Christopher C. Dawes		Date of Receipt
Mailing Address 8735 Henderson Road		04 02 7 2013
City	State Zip Code FL 33634	Transaction ID : SA11AI.6210
Tampa	FL 33634	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	38.46
Name of Employer	Occupation	
WellCare Health Plans, Inc.	health care	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) Other	269.22	
Full Name (Last, First, Middle Initial) C. Christopher C. Dawes		Date of Receipt
Mailing Address 8735 Henderson Road		04 30 2013
City Tampa	State Zip Code FL 33634	Transaction ID : SA11AI.6593 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	38.46
Name of Employer	Occupation	
WellCare Health Plans, Inc.	health care	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General		
Other (specify)	307.68	
SUBTOTAL of Receipts This Page (optional)	·····	115.38
TOTAL This Period (last page this line numb	er only)	1 1 40 1 1 40 1 1 40 1

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Any information copied from such Reports or for commercial purposes, other than usi	and Statements may not be sold or used by any persong the name and address of any political committee t	son for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc.	PAC (WellCare PAC)	
Full Name (Last, First, Middle Initial) Christopher C. Dawes Mailing Address 8735 Henderson Road		Date of Receipt
Maining Address 0/35 Heffdelsoff Road		04 30 2013
City	State Zip Code	Transaction ID : SA11AI.6633
Tampa	FL 33634	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	38.46
Name of Employer	Occupation	
WellCare Health Plans, Inc.	health care	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	346.14	
Full Name (Last, First, Middle Initial) Christopher C. Dawes	·	Date of Receipt
Mailing Address 8735 Henderson Road		05 29 2013
City	State Zip Code	Transaction ID : SA11AI.6979
Tampa	FL 33634	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	38.46
Name of Employer	Occupation	1
WellCare Health Plans, Inc.	health care	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	384.60	
Full Name (Last, First, Middle Initial) Christopher C. Dawes		Date of Receipt
Mailing Address 8735 Henderson Road		05 29 2013
City	State Zip Code	Transaction ID : SA11AI.7006
Tampa	FL 33634	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	38.46
Name of Employer	Occupation	-
WellCare Health Plans, Inc.	health care	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	423.06	
SUBTOTAL of Receipts This Page (option	nal)	115.38
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TOTAL This Period (last page this line nu	mber only)	

FOR LINE NUMBER: PAGE 55 OF 191 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c

Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Christopher C. Dawes Date of Receipt Mailing Address 8735 Henderson Road 2013 24 City State Zip Code Transaction ID: SA11AI.7362 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 461.52 Other (specify) Full Name (Last, First, Middle Initial) B. Christopher C. Dawes Date of Receipt Mailing Address 8735 Henderson Road 06 24 2013 City State Zip Code Transaction ID: SA11AI.7391 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 499.98 Other (specify) Full Name (Last, First, Middle Initial) **c.** Valerie DeBoe Date of Receipt Mailing Address 8735 Henderson Road 02 04 2013 City State Zip Code Transaction ID: SA11AI.6180 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 28.84 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 201.88 Other (specify) 105.76 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

	FOF	R LINE	NU	IMBER	:	PAGE	 56 O	F	19
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	and Statements may not be sold or used by any pers g the name and address of any political committee t	
NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. I	PAC (WellCare PAC)	
Full Name (Last, First, Middle Initial) Valerie DeBoe Mailing Address 8735 Henderson Road		Date of Receipt
Walling Address 6755 Helidelsoff Road		04 30 2013
City	State Zip Code	Transaction ID : SA11AI.6579
Tampa	FL 33634	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	28.84
Name of Employer	Occupation	-
WellCare Health Plans, Inc.	health care	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	230.72	
Full Name (Last, First, Middle Initial) Valerie DeBoe	•	Date of Receipt
Mailing Address 8735 Henderson Road		04 30 _2013 _
City	State Zip Code	Transaction ID : SA11AI.6581
Татра	FL 33634	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	28.84
Name of Employer	Occupation	-
WellCare Health Plans, Inc.	health care	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	259.56	
Full Name (Last, First, Middle Initial)		
Valerie DeBoe		Date of Receipt
Mailing Address 8735 Henderson Road		05 29 2013
City	State Zip Code	Transaction ID : SA11AI.6972
Tampa	FL 33634	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	28.84
Name of Employer	Occupation	-
WellCare Health Plans, Inc.	health care	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	288.40	
SUBTOTAL of Receipts This Page (optional	al)	86.52
TOTAL This Davied (last many this the		
IUIAL ITIIS PERIOD (last page this line num	nber only)	

FOR LINE NUMBER: PAGE 57 OF 191 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Valerie DeBoe Date of Receipt Mailing Address 8735 Henderson Road 2013 City State Zip Code Transaction ID: SA11AI.6973 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 28.84 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 317.24 Other (specify) Full Name (Last, First, Middle Initial) B. Valerie DeBoe Date of Receipt Mailing Address 8735 Henderson Road 06 24 2013 City State Zip Code Transaction ID: SA11AI.7356 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 28.84 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 346.08 Other (specify) Full Name (Last, First, Middle Initial) **c.** Valerie DeBoe Date of Receipt Mailing Address 8735 Henderson Road 06 24 2013 City State Zip Code Transaction ID: SA11AI.7358 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 28.84 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 374.92 Other (specify) 86.52 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

	FOR LINE	NUMBER	: PAGE	E 58 OF
Use separate schedule(s)	(check only	y one)		
for each category of the Detailed Summary Page	X 11a	11b	11c	12
	13	14	15	16

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	Statements may not be sold or used by any personance name and address of any political committee to	
NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAG	C (WellCare PAC)	
Full Name (Last, First, Middle Initial) Catherine M. DeMaso Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer Wellcare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 211.53	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Desiree Demonbreun Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 211.53	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Desiree Demonbreun Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 230.76	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		57.69
TOTAL This Period (last page this line number	only)	

FOR LINE NUMBER: PAGE 59 OF 191 Use separate schedule(s) (check only one) X 11a 11b 12 11c

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Desiree Demonbreun Date of Receipt Mailing Address 8735 Henderson Road 2013 24 City State Zip Code Transaction ID: SA11AI.7325 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 249.99 Other (specify) Full Name (Last, First, Middle Initial) B. Grace Diaz Date of Receipt Mailing Address 8735 Henderson Road 04 02 2013 City State Zip Code Transaction ID: SA11AI.6165 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 230.76 Other (specify) Full Name (Last, First, Middle Initial) c. Grace Diaz Date of Receipt Mailing Address 8735 Henderson Road 02 04 2013 City State Zip Code Transaction ID: SA11AI.6274 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 269.22 Other (specify) 96.15 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

FOR LINE NUMBER: PAGE 60 OF 191 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Grace Diaz Date of Receipt Mailing Address 8735 Henderson Road 04 30 2013 City State Zip Code Transaction ID: SA11AI.6622 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 307.68 Other (specify) Full Name (Last, First, Middle Initial) B. Grace Diaz Date of Receipt Mailing Address 8735 Henderson Road 30 04 2013 City State Zip Code Transaction ID: SA11AI.6653 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 346.14 Other (specify) Full Name (Last, First, Middle Initial) c. Grace Diaz Date of Receipt Mailing Address 8735 Henderson Road 05 29 2013 City State Zip Code Transaction ID: SA11AI.6996 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 384.60 Other (specify) 115.38 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

SCHEDULE A (FEC Form 3X)

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TEMIZED RECEIPTS		for each category of the		11a		11b	11c	12	
		Detailed Summary Page		13	Н	14	15	16	17
Any information copied from such Reports and or for commercial purposes, other than using the									
NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PA	C (WellCa	are PAC)							
Full Name (Last, First, Middle Initial) A. Grace Diaz			D	ate of	Re	ceipt			
Mailing Address 8735 Henderson Road				м - м 05	/	29) / Y	2013	Y
City	State	Zip Code		Trans	acti	on ID :	SA11AI	.7026	
Tampa	FL	33634	A	mount	of	Each F	Receipt th	nis Period	I
FEC ID number of contributing federal political committee.	С				_	,	7	38	3.46
Name of Employer	Occupation								
WellCare Health Plans, Inc.	health care								
Receipt For:	Aggregate	Year-to-Date ▼							
Primary General Other (specify) ▼		423.06							
Full Name (Last, First, Middle Initial) 3. Grace Diaz			D	ate of	Re	ceipt			
Mailing Address 8735 Henderson Road				M M M	/	24		2013	Y
City	State	Zip Code		Trans	acti	on ID :	SA11AI	7381	
Tampa	FL	33634	Amount of Each Receipt this Pe						I
FEC ID number of contributing federal political committee.	С			Ξ		,	1	38	3.46
Name of Employer WellCare Health Plans, Inc.	Occupation health care								
Receipt For:	Aggregate	Year-to-Date ▼							
Primary General Other (specify) ▼		461.52							
Full Name (Last, First, Middle Initial) C. Grace Diaz			D	ate of	Re	ceipt			
Mailing Address 8735 Henderson Road				M M	′	24		2013	Y
City	State FL	Zip Code					SA11AI		_
Tampa	FL .	33634	A	mount	of	Each F	Receipt th	nis Period	I
FEC ID number of contributing federal political committee.	С				_	,	- 7	3	3.46
Name of Employer	Occupation		\dashv						
WellCare Health Plans, Inc.	health care								
Receipt For:	Aggregate	Year-to-Date ▼							
Primary General Other (specify) ▼		499.98							
SUBTOTAL of Receipts This Page (optional))		Ξ		,		115	.38
TOTAL This Period (last page this line number	r only)					,			

	FOR LINE NUMBER:	PAGE	62 OF	191
Use separate schedule(s) for each category of the	(check only one)	_	_	
Detailed Summary Page	X 11a 11b	11c	12	
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

/ Wellcare Health Flans, Inc. 1	(VVCIICAIC I /\O)	
Full Name (Last, First, Middle Initial) A. Scott J. Dickler		Date of Receipt
Mailing Address 8735 Henderson Road		05 29 2013
City	State Zip Code	Transaction ID : SA11AI.6883
Tampa	FL 33634	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	19.23
Name of Employer	Occupation	
WellCare Health Plans, Inc.	health care	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	211.53	
Full Name (Last, First, Middle Initial) Scott J. Dickler		Date of Receipt
Mailing Address 8735 Henderson Road		06 24 2013
City	State Zip Code	Transaction ID : SA11AI.7241
Tampa	FL 33634	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	19.23
Name of Employer	Occupation	
WellCare Health Plans, Inc.	health care	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 230.76	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address 8735 Henderson Road		05 29 2013
City	State Zip Code	Transaction ID : SA11AI.6893
Tampa	FL 33634	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	19.23
Name of Employer	Occupation	
WellCare Health Plans, Inc.	health care	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	211.53	
SUBTOTAL of Receipts This Page (optional)		57.69
TOTAL This Period (last page this line numb	per only)	

	FOR LINE NUMBER	:	PAGE	63	3 OF	191
Use separate schedule(s) for each category of the	(check only one)					
Detailed Summary Page	X 11a 11b		11c	-	12	
	13 14		15	-	16	17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Lisa M. Eilers Date of Receipt Mailing Address 8735 Henderson Road 2013 24 City State Zip Code Transaction ID: SA11AI.7170 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 230.76 Other (specify) Full Name (Last, First, Middle Initial) B. Lisa M. Eilers Date of Receipt Mailing Address 8735 Henderson Road 06 24 2013 City State Zip Code Transaction ID: SA11AI.7253 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 249.99 Other (specify) Full Name (Last, First, Middle Initial) **c.** Thomas M. Everett Date of Receipt Mailing Address 8735 Henderson Road 06 24 2013 Zip Code City State Transaction ID: SA11AI.7397 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 230.76 Other (specify) 76.92 SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 64 OF 191 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c

Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Dana French Date of Receipt Mailing Address 8735 Henderson Avenue 04 01 2013 City State Zip Code Transaction ID: SA11AI.6767 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Michael A. Gerasimovich Date of Receipt Mailing Address 8735 Henderson Road 05 29 2013 City State Zip Code Transaction ID: SA11AI.6890 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 211.53 Other (specify) Full Name (Last, First, Middle Initial) c. Michael A. Gerasimovich Date of Receipt Mailing Address 8735 Henderson Road 06 24 2013 City State Zip Code Transaction ID: SA11AI.7248 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 230.76 Other (specify) 538.46 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 65 OF 191 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Michael A. Gerasimovich Date of Receipt Mailing Address 8735 Henderson Road 2013 24 City State Zip Code Transaction ID: SA11AI.7331 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 249.99 Other (specify) Full Name (Last, First, Middle Initial) B. Elizabeth Goodman Date of Receipt Mailing Address 8735 Henderson Road 03 05 2013 City State Zip Code Transaction ID: SA11AI.5893 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 288.45 Other (specify) Full Name (Last, First, Middle Initial) c. Elizabeth Goodman Date of Receipt Mailing Address 8735 Henderson Road 05 03 2013 City State Zip Code Transaction ID: SA11AI.5960 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 384.60 Other (specify) 211.53 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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FOR LINE NUMBER: PAGE 66 OF 191 Use separate schedule(s) (check only one) X 11a 11b 12 11c

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Elizabeth Goodman Date of Receipt Mailing Address 8735 Henderson Road 04 2013 02 City State Zip Code Transaction ID: SA11AI.6058 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 480.75 Other (specify) Full Name (Last, First, Middle Initial) B. Elizabeth Goodman Date of Receipt Mailing Address 8735 Henderson Road 04 02 2013 City State Zip Code Transaction ID: SA11AI.6129 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 576.90 Other (specify) Full Name (Last, First, Middle Initial) c. Elizabeth Goodman Date of Receipt Mailing Address 8735 Henderson Road 02 04 2013 City State Zip Code Transaction ID: SA11AI.6233 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 673.05 Other (specify) 288.45 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Elizabeth Goodman Date of Receipt Mailing Address 8735 Henderson Road 04 30 2013 City State Zip Code Transaction ID: SA11AI.6687 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 769.20 Other (specify) Full Name (Last, First, Middle Initial) B. Elizabeth Goodman Date of Receipt Mailing Address 8735 Henderson Road 04 30 2013 City State Zip Code Transaction ID: SA11AI.6720 FL 33634 Tampa Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee.

	Name of Employer WellCare Health Plans, Inc. Receipt For: □ Primary □ General Other (specify) ▼	Occupation health care Aggregate Year-to-Date ▼ 865.35	
C.	Full Name (Last, First, Middle Initial) Elizabeth Goodman Mailing Address 8735 Henderson Road		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID : SA11AI.7055
	Tampa	FL 33634	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С	96.15
	Name of Employer	Occupation	
	WellCare Health Plans, Inc.	health care	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 961.50	
	NUDTOTAL of Descripto This Descriptoral		288.45

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 68 OF 191 Use separate schedule(s) (check only one) X 11a 11b 12 11c 14 13 15 16

for each category of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Elizabeth Goodman Date of Receipt Mailing Address 8735 Henderson Road 2013 City State Zip Code Transaction ID: SA11AI.7090 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1057.65 Other (specify) Full Name (Last, First, Middle Initial) B. Elizabeth Goodman Date of Receipt Mailing Address 8735 Henderson Road 06 24 2013 City State Zip Code Transaction ID: SA11AI.7449 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1153.80 Other (specify) Full Name (Last, First, Middle Initial) c. Elizabeth Goodman Date of Receipt Mailing Address 8735 Henderson Road 06 24 2013 City State Zip Code Transaction ID: SA11AI.7485 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1249.95 Other (specify) 288.45 SUBTOTAL of Receipts This Page (optional).....

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TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 69 OF 191

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one) X 11a
Any information copied from such Reports and Sor for commercial purposes, other than using the	Statements may not be sold or used by any per ename and address of any political committee	erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PA	C (WellCare PAC)	
Full Name (Last, First, Middle Initial) Patricia B. Guay Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer Wellcare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 230.76	Date of Receipt 06 24 2013 Transaction ID: SA11AI.7393 Amount of Each Receipt this Period 38.46
Full Name (Last, First, Middle Initial) Michael Haber Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 288.45	Date of Receipt 03 05 2013 Transaction ID: SA11AI.5894 Amount of Each Receipt this Period 96.15
Full Name (Last, First, Middle Initial) Michael Haber Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 384.60	Date of Receipt 03 05 2013 Transaction ID : SA11AI.5961 Amount of Each Receipt this Period 96.15
SUBTOTAL of Receipts This Page (optional)		230.76
TOTAL This Period (last page this line number	only)	

	FOI	R LINE	NU	IMBER	:	PAGE	: 7	70	OF	1	91
Use separate schedule(s) for each category of the	(che	eck only	or or	ne)							
Detailed Summary Page	×	11a		11b		11c		12			
		13		14		15		16	. [17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Michael Haber Date of Receipt Mailing Address 8735 Henderson Road 04 02 2013 City State Zip Code Transaction ID: SA11AI.6059 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 480.75 Other (specify) Full Name (Last, First, Middle Initial) B. Michael Haber Date of Receipt Mailing Address 8735 Henderson Road 04 02 2013 City State Zip Code Transaction ID: SA11AI.6132 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 576.90 Other (specify) Full Name (Last, First, Middle Initial) c. Michael Haber Date of Receipt Mailing Address 8735 Henderson Road 02 04 2013 Zip Code City State Transaction ID: SA11AI.6239 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 673.05 Other (specify) 288.45 SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 71 OF 191

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a
Any information copied from such Reports and Stator for commercial purposes, other than using the n	tements may not be sold or used by any per ame and address of any political committee	son for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC	(WellCare PAC)	
WellCare Health Plans, Inc. Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 769.20	Date of Receipt 04 30 2013 Transaction ID: SA11Al.6690 Amount of Each Receipt this Period 96.15
WellCare Health Plans, Inc.	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 865.35	Date of Receipt 04 30 2013 Transaction ID: SA11AI.6723 Amount of Each Receipt this Period 96.15
WellCare Health Plans, Inc.	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 961.50	Date of Receipt Mark
SUBTOTAL of Receipts This Page (optional)	>	288.45
TOTAL This Period (last page this line number on	ıly)	

FOR LINE NUMBER: PAGE 72 OF 191 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Michael Haber Date of Receipt Mailing Address 8735 Henderson Road 2013 City State Zip Code Transaction ID: SA11AI.7093 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1057.65 Other (specify) Full Name (Last, First, Middle Initial) B. Michael Haber Date of Receipt Mailing Address 8735 Henderson Road 06 24 2013 City State Zip Code Transaction ID: SA11AI.7446 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1153.80 Other (specify) Full Name (Last, First, Middle Initial) c. Michael Haber Date of Receipt Mailing Address 8735 Henderson Road 06 24 2013 City State Zip Code Transaction ID: SA11AI.7482 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1249.95 Other (specify) 288.45 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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FOR LINE NUMBER: PAGE 73 OF 191 Use separate schedule(s) (check only one) X 11a 11b 12 11c

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Gregg Haddad Date of Receipt Mailing Address 8735 Henderson Road 05 2013 City State Zip Code Transaction ID: SA11AI.5928 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 288.45 Other (specify) Full Name (Last, First, Middle Initial) B. Gregg Haddad Date of Receipt Mailing Address 8735 Henderson Road 03 05 2013 City State Zip Code Transaction ID: SA11AI.5994 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 384.60 Other (specify) Full Name (Last, First, Middle Initial) c. Gregg Haddad Date of Receipt Mailing Address 8735 Henderson Road 02 04 2013 City State Zip Code Transaction ID: SA11AI.6092 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 480.75 Other (specify) 288.45 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

FOR LINE NUMBER: PAGE 74 OF 191 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Gregg Haddad Date of Receipt Mailing Address 8735 Henderson Road 04 2013 02 City State Zip Code Transaction ID: SA11AI.6166 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 576.90 Other (specify) Full Name (Last, First, Middle Initial) B. Gregg Haddad Date of Receipt Mailing Address 8735 Henderson Road 04 02 2013 City State Zip Code Transaction ID: SA11AI.6275 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 673.05 Other (specify) Full Name (Last, First, Middle Initial) c. Gregg Haddad Date of Receipt Mailing Address 8735 Henderson Road 30 04 2013 City State Zip Code Transaction ID: SA11AI.6706 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 769.20 Other (specify) 288.45 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

FOR LINE NUMBER: (check only one) PAGE 75 OF 191 Use separate schedule(s)

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PA	C (WellCare PAC)	
Full Name (Last, First, Middle Initial) Gregg Haddad Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 865.35	Date of Receipt M M M / 30 2013 Transaction ID: SA11AI.6738 Amount of Each Receipt this Period 96.15
Full Name (Last, First, Middle Initial) Gregg Haddad Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 961.50	Date of Receipt M M M / P P P / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Gregg Haddad Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 1057.65	Date of Receipt 05 29 2013 Transaction ID: SA11AI.7110 Amount of Each Receipt this Period 96.15
SUBTOTAL of Receipts This Page (optional))	288.45
TOTAL This Period (last page this line number	only)	

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TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a
Any information copied from such Reports and Statements ma or for commercial purposes, other than using the name and a		erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCa	are PAC)	
Full Name (Last, First, Middle Initial) Gregg Haddad Mailing Address 8735 Henderson Road City State Tampa FL FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify) Address 8735 Henderson Road City State FL C Aggregate	Zip Code 33634 Year-to-Date ▼	Date of Receipt 06 24 2013 Transaction ID: SA11AI.7464 Amount of Each Receipt this Period 96.15
Full Name (Last, First, Middle Initial) Gregg Haddad Mailing Address 8735 Henderson Road City State Tampa FL FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify) Aggregate	Zip Code 33634 Year-to-Date ▼	Date of Receipt 06 24 2013 Transaction ID : SA11AI.7499 Amount of Each Receipt this Period 96.15
Full Name (Last, First, Middle Initial) Richard M. Hanks Mailing Address 8735 Henderson Road City State Tampa FL FEC ID number of contributing federal political committee. Name of Employer Wellcare Health Plans, Inc. Receipt For: Primary General Other (specify) General		Date of Receipt 04 30 2013 Transaction ID: SA11AI.6744 Amount of Each Receipt this Period
SUBTOTAL of Receipts This Page (optional)	·····	296.46

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Use separate schedule(s) for each category of the	(check only	one)			
Detailed Summary Page	X 11a	11b	11c	12	
	13	14	15	16	17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Richard M. Hanks Date of Receipt Mailing Address 8735 Henderson Road 2013 29 City State Zip Code Transaction ID: SA11AI.7113 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 104.16 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 312.48 Other (specify) Full Name (Last, First, Middle Initial) B. Richard M. Hanks Date of Receipt Mailing Address 8735 Henderson Road 05 29 2013 City State Zip Code Transaction ID: SA11AI.7114 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 104.16 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 416.64 Other (specify) Full Name (Last, First, Middle Initial) **c.** Richard M. Hanks Date of Receipt Mailing Address 8735 Henderson Road 06 24 2013 Zip Code City State Transaction ID: SA11AI.7504 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 104.16 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 520.80 Other (specify) 312.48 SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page	×	11a		11b		11c		12		
		13		14		15		16		717

Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may not be sold or used by any personal the name and address of any political committee to	son for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. F	PAC (WellCare PAC)	
Full Name (Last, First, Middle Initial) Richard M. Hanks		Date of Receipt
Mailing Address 8735 Henderson Road		06 24 2013
City	State Zip Code	Transaction ID : SA11AI.7505
Tampa	FL 33634	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	104.16
Name of Employer	Occupation	
Wellcare Health Plans, Inc.	health care	
Receipt For:	Aggregate Year-to-Date ▼	-
Primary General Other (specify) ▼	624.96	
Full Name (Last, First, Middle Initial) Merrill J. Hausenfluck	1	Date of Receipt
Mailing Address 8735 Henderson Road		04 30 2013
City	State Zip Code	Transaction ID : SA11AI.6650
Татра	FL 33634	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	38.46
Name of Employer	Occupation	-
WellCare Health Plans, Inc.	health care	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	211.53	
Full Name (Last, First, Middle Initial) Merrill J. Hausenfluck		Date of Receipt
Mailing Address 8735 Henderson Road		05 29 2013
City	State Zip Code	Transaction ID : SA11AI.6993
Tampa	FL 33634	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	38.46
Name of Employer	Occupation	-
WellCare Health Plans, Inc.	health care	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General		
Other (specify) ▼	249.99	
SUBTOTAL of Receipts This Page (optional)	181.08
TOTAL This Period (last page this line num	ber only)	

	FO	R LINE	NU	IMBER	:	PAGE	7	79 OI	F	19
Use separate schedule(s)	(che	eck only	or	ne)						
for each category of the Detailed Summary Page	×	11a		11b		11c		12		
		13		14		15		16		717

	Statements may not be sold or used by any person e name and address of any political committee to	
NAME OF COMMITTEE (In Full)		
Wellcare Health Plans, Inc. PA	C (WellCare PAC)	
Full Name (Last, First, Middle Initial) Merrill J. Hausenfluck		Date of Receipt
Mailing Address 8735 Henderson Road		05 29 2013
City	State Zip Code	Transaction ID : SA11AI.7022
Tampa	FL 33634	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	38.46
Name of Employer	Occupation	
WellCare Health Plans, Inc.	health care	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	288.45	
Full Name (Last, First, Middle Initial) Merrill J. Hausenfluck		Date of Receipt
Mailing Address 8735 Henderson Road		06 24 _2013 _
City	State Zip Code	Transaction ID : SA11AI.7377
Татра	FL 33634	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	38.46
Name of Employer	Occupation	
WellCare Health Plans, Inc.	health care	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 326.91	
Full Name (Last, First, Middle Initial) C. Merrill J. Hausenfluck		Date of Receipt
Mailing Address 8735 Henderson Road		06 24 _ 2013 _
City	State Zip Code	Transaction ID : SA11AI.7407
Tampa	FL 33634	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	38.46
Name of Employer	Occupation	
WellCare Health Plans, Inc.	health care	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	365.37	
SUBTOTAL of Receipts This Page (optional)		115.38
TOTAL This Period (last page this line number	only)	

FOR LINE NUMBER: PAGE 80 OF 191 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

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TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12
	Detailed Summary Page	13 14 15 16 17
Any information copied from such Reports and Statem or for commercial purposes, other than using the name		
NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (V	/ellCare PAC)	
Full Name (Last, First, Middle Initial) 1. Lisa Hershiser		Date of Receipt
Mailing Address 8735 Henderon Road		06 24 2013
	tate Zip Code	Transaction ID : SA11AI.7414
Tampa	L 33634	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		38.46
Name of Employer Oc	cupation	
	lth care	
	gregate Year-to-Date ▼	
Primary General Other (specify) ▼	230.76	
Full Name (Last, First, Middle Initial) 3. Troy Hildreth		Date of Receipt
Mailing Address 8735 Henderson Road		06 24 2013
•	tate Zip Code	Transaction ID : SA11AI.7401
Tampa F	L 33634	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		38.46
Wallagra Haalth Dlang Ing	upation th care	
Receipt For: Primary General Ag	gregate Year-to-Date ▼	
Other (specify) ▼	230.76	
Full Name (Last, First, Middle Initial) William Hinsdale		Date of Receipt
Mailing Address 8735 Henderson Road		06 24 2013
	tate Zip Code L 33634	Transaction ID : SA11AI.7403
	L 33634	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		38.46
Name of Employer Oc	eupation	
	lth care	
	gregate Year-to-Date ▼	
Primary General Other (specify) ▼	230.76	
SUBTOTAL of Receipts This Page (optional)		115.38
TOTAL This Period (last page this line number only).		

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) John J. Hofstetter Date of Receipt Mailing Address 8735 Hendersonn Road 2013 29 City State Zip Code Transaction ID: SA11AI.6936 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 211.53 Other (specify) Full Name (Last, First, Middle Initial) B. John J. Hofstetter Date of Receipt Mailing Address 8735 Hendersonn Road 06 24 2013 City State Zip Code Transaction ID: SA11AI.7214 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 230.76 Other (specify) Full Name (Last, First, Middle Initial) **c.** John J. Hofstetter Date of Receipt Mailing Address 8735 Hendersonn Road 06 24 2013 Zip Code City State Transaction ID: SA11AI.7296 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 249.99 Other (specify) 57.69 SUBTOTAL of Receipts This Page (optional).....

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FOR LINE NUMBER: PAGE 84 OF 191 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Marla P. Holcomb Date of Receipt Mailing Address 8735 Henderon Road 2013 24 City State Zip Code Transaction ID: SA11AI.7448 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 576.90 Other (specify) Full Name (Last, First, Middle Initial) B. Marla P. Holcomb Date of Receipt Mailing Address 8735 Henderon Road 06 24 2013 City State Zip Code Transaction ID: SA11AI.7484 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 673.05 Other (specify) Full Name (Last, First, Middle Initial) c. Laura Hungiville Date of Receipt Mailing Address 8735 Henderson Road 05 03 2013 City State Zip Code Transaction ID: SA11AI.5892 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 288.45 Other (specify) 288.45 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Laura Hungiville Date of Receipt Mailing Address 8735 Henderson Road 04 2013 02 City State Zip Code Transaction ID: SA11AI.6232 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 673.05 Other (specify) Full Name (Last, First, Middle Initial) B. Laura Hungiville Date of Receipt Mailing Address 8735 Henderson Road 04 30 2013 City State Zip Code Transaction ID: SA11AI.6686 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 769.20 Other (specify) Full Name (Last, First, Middle Initial) c. Laura Hungiville Date of Receipt Mailing Address 8735 Henderson Road 30 04 2013 City State Zip Code Transaction ID: SA11AI.6719 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 865.35 Other (specify) 288.45 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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ITEMIZED RECEIPTS Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Laura Hungiville Date of Receipt Mailing Address 8735 Henderson Road 2013 City State Zip Code Transaction ID: SA11AI.7054 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 961.50 Other (specify) Full Name (Last, First, Middle Initial) B. Laura Hungiville Date of Receipt Mailing Address 8735 Henderson Road 05 29 2013 City State Zip Code Transaction ID: SA11AI.7089 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1057.65 Other (specify) Full Name (Last, First, Middle Initial) c. Laura Hungiville Date of Receipt Mailing Address 8735 Henderson Road 06 24 2013 City State Zip Code Transaction ID: SA11AI.7447 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1153.80 Other (specify) 288.45 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Laura Hungiville Date of Receipt Mailing Address 8735 Henderson Road 2013 24 City State Zip Code Transaction ID: SA11AI.7483 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1249.95 Other (specify) Full Name (Last, First, Middle Initial) B. Lisa G. Iglesias Date of Receipt Mailing Address 8735 Henderson Road 03 05 2013 City State Zip Code Transaction ID: SA11AI.5949 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 192.30 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 384.60 Other (specify) Full Name (Last, First, Middle Initial) c. Lisa G. Iglesias Date of Receipt Mailing Address 8735 Henderson Road 02 04 2013 City State Zip Code Transaction ID: SA11AI.6045 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 192.30 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 576.90 Other (specify) 480.75 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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for each category of the 12 Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Lisa G. Iglesias Date of Receipt Mailing Address 8735 Henderson Road 04 2013 02 City State Zip Code Transaction ID: SA11AI.6114 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 192.30 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 769.20 Other (specify) Full Name (Last, First, Middle Initial) B. Lisa G. Iglesias Date of Receipt Mailing Address 8735 Henderson Road 04 02 2013 City State Zip Code Transaction ID: SA11AI.6193 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 192.30 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 961.50 Other (specify) Full Name (Last, First, Middle Initial) c. Lisa G. Iglesias Date of Receipt Mailing Address 8735 Henderson Road 30 04 2013 City State Zip Code Transaction ID: SA11AI.6746 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 192.30 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1153.80 Other (specify) 576.90 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (V	WellCare PAC)	
Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: □ Primary □ General □ Other (specify) ▼	State Zip Code FL 33634 C ccupation alth care ggregate Year-to-Date ▼ 1346.10	Date of Receipt 04 30 2013 Transaction ID: SA11AI.6755 Amount of Each Receipt this Period 192.30
Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc.	State Zip Code FL 33634 Coupation alth care ggregate Year-to-Date ▼ 1538.40	Date of Receipt 05 29 2013 Transaction ID : SA11AI.7116 Amount of Each Receipt this Period 192.30
Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc.	State Zip Code FL 33634 Coupation ealth care ggregate Year-to-Date 1730.70	Date of Receipt 05 29 2013 Transaction ID : SA11AI.7124 Amount of Each Receipt this Period 192.30
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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Lisa G. Iglesias Date of Receipt Mailing Address 8735 Henderson Road 2013 24 City State Zip Code Transaction ID: SA11AI.7506 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 192.30 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1923.00 Other (specify) Full Name (Last, First, Middle Initial) B. Lisa G. Iglesias Date of Receipt Mailing Address 8735 Henderson Road 06 24 2013 City State Zip Code Transaction ID: SA11AI.7513 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 192.30 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 2115.30 Other (specify) Full Name (Last, First, Middle Initial) c. Hermilo O. Jazmines Date of Receipt Mailing Address 8735 Henderson Road 30 04 2013 City State Zip Code Transaction ID: SA11AI.6735 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 249.99 Other (specify) 480.75 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Hermilo O. Jazmines Date of Receipt Mailing Address 8735 Henderson Road 2013 City State Zip Code Transaction ID: SA11AI.7071 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 346.14 Other (specify) Full Name (Last, First, Middle Initial) B. Hermilo O. Jazmines Date of Receipt Mailing Address 8735 Henderson Road 05 29 2013 City State Zip Code Transaction ID: SA11AI.7106 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 442.29 Other (specify) Full Name (Last, First, Middle Initial) c. Hermilo O. Jazmines Date of Receipt Mailing Address 8735 Henderson Road 06 24 2013 City State Zip Code Transaction ID: SA11AI.7461 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 538.44 Other (specify) 288.45 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 230.76	
Full Name (Last, First, Middle Initial) Laura A. Jones Mailing Address 8735 Henderson Road	Chata Zin Codo	Date of Receipt M = M / D = D / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y
City Tampa FEC ID number of contributing federal political committee.	State Zip Code FL 33634	Transaction ID: SA11AI.6263 Amount of Each Receipt this Period 38.46
Name of Employer WellCare Health Plans, Inc. Receipt For: □ Primary □ General Other (specify) ▼	Occupation health care Aggregate Year-to-Date ▼ 269.22	
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NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC)	
Name of Employer WellCare Health Plans, Inc.	State Zip Code FL 33634 C Decupation ealth care Aggregate Year-to-Date ▼ 307.68	Date of Receipt 04 30 2013 Transaction ID: SA11Al.6619 Amount of Each Receipt this Period 38.46
Name of Employer WellCare Health Plans, Inc.	State Zip Code FL 33634 C Occupation ealth care Aggregate Year-to-Date ▼ 346.14	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer WellCare Health Plans, Inc. Property For:	State Zip Code FL 33634 C Decupation ealth care Aggregate Year-to-Date ▼ 384.60	Date of Receipt M
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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Laura A. Jones Date of Receipt Mailing Address 8735 Henderson Road 2013 City State Zip Code Transaction ID: SA11AI.7023 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 423.06 Other (specify) Full Name (Last, First, Middle Initial) B. Laura A. Jones Date of Receipt Mailing Address 8735 Henderson Road 06 24 2013 City State Zip Code Transaction ID: SA11AI.7378 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 461.52 Other (specify) Full Name (Last, First, Middle Initial) c. Laura A. Jones Date of Receipt Mailing Address 8735 Henderson Road 06 24 2013 City State Zip Code Transaction ID: SA11AI.7408 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 499.98 Other (specify) 115.38 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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191 Use separate schedule(s) for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Paul Kensicki Date of Receipt Mailing Address 8735 Henderson Road 04 30 2013 City State Zip Code Transaction ID: SA11AI.6716 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 288.45 Other (specify) Full Name (Last, First, Middle Initial) B. Paul Kensicki Date of Receipt Mailing Address 8735 Henderson Road 05 29 2013 City State Zip Code Transaction ID: SA11AI.7049 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 384.60 Other (specify) Full Name (Last, First, Middle Initial) c. Paul Kensicki Date of Receipt Mailing Address 8735 Henderson Road 05 29 2013 City State Zip Code Transaction ID: SA11AI.7085 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 С federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 480.75 Other (specify) 288.45 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Paul Kensicki Date of Receipt Mailing Address 8735 Henderson Road 2013 24 City State Zip Code Transaction ID: SA11AI.7438 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 576.90 Other (specify) Full Name (Last, First, Middle Initial) B. Paul Kensicki Date of Receipt Mailing Address 8735 Henderson Road 06 24 2013 City Zip Code State Transaction ID: SA11AI.7477 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care

Primary General Other (specify) ▼	673.05	
Full Name (Last, First, Middle Initial) C. Sharon L. King Mailing Address 8735 Henderson Road		Date of Receipt 05 29 2013
City Tampa	State Zip Code FL 33634	Transaction ID : SA11AI.6937 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	19.23
Name of Employer	Occupation	
WellCare Health Plans, Inc.	health care	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 211.53	

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Receipt For:

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Sharon L. King Date of Receipt Mailing Address 8735 Henderson Road 2013 24 City State Zip Code Transaction ID: SA11AI.7215 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 230.76 Other (specify) Full Name (Last, First, Middle Initial) B. Sharon L. King Date of Receipt Mailing Address 8735 Henderson Road 06 24 2013 City State Zip Code Transaction ID: SA11AI.7297 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 249.99 Other (specify) Full Name (Last, First, Middle Initial) c. John J. Kirchner Date of Receipt Mailing Address 8735 Henderson Road 05 29 2013 City State Zip Code Transaction ID: SA11AI.7050 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 С federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 288.45 Other (specify) 134.61 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 100 OF 191 Use separate schedule(s) (check only one) X 11a 11b 12 11c

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) John J. Kirchner Date of Receipt Mailing Address 8735 Henderson Road 2013 City State Zip Code Transaction ID: SA11AI.7086 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 384.60 Other (specify) Full Name (Last, First, Middle Initial) B. John J. Kirchner Date of Receipt Mailing Address 8735 Henderson Road 06 24 2013 City State Zip Code Transaction ID: SA11AI.7439 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 480.75 Other (specify) Full Name (Last, First, Middle Initial) c. John J. Kirchner Date of Receipt Mailing Address 8735 Henderson Road 06 24 2013 City State Zip Code Transaction ID: SA11AI.7478 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 С federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 576.90 Other (specify) 288.45 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

FOR LINE NUMBER: PAGE 101 OF 191 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c

Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Michael W. Kuehls Date of Receipt Mailing Address 8735 Henderson Road 2013 City State Zip Code Transaction ID: SA11AI.6940 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 211.53 Other (specify) Full Name (Last, First, Middle Initial) B. Michael W. Kuehls Date of Receipt Mailing Address 8735 Henderson Road 06 24 2013 City State Zip Code Transaction ID: SA11AI.7218 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 230.76 Other (specify) Full Name (Last, First, Middle Initial) c. Michael W. Kuehls Date of Receipt Mailing Address 8735 Henderson Road 06 24 2013 City State Zip Code Transaction ID: SA11AI.7299 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 249.99 Other (specify) 57.69 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page	X	11a		11b		11c		12		
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Michael T. Labrecque Date of Receipt Mailing Address 8735 Henderson Road 2013 29 City State Zip Code Transaction ID: SA11AI.6906 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. healthcare Receipt For: Aggregate Year-to-Date ▼ Primary General 211.53 Other (specify) Full Name (Last, First, Middle Initial) B. Michael T. Labrecque Date of Receipt Mailing Address 8735 Henderson Road 06 24 2013 City State Zip Code Transaction ID: SA11AI.7183 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. healthcare Receipt For: Aggregate Year-to-Date ▼ Primary General 230.76 Other (specify) Full Name (Last, First, Middle Initial) c. Michael T. Labrecque Date of Receipt Mailing Address 8735 Henderson Road 06 24 2013 Zip Code City State Transaction ID: SA11AI.7266 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. healthcare Receipt For: Aggregate Year-to-Date ▼ Primary General 249.99 Other (specify) 57.69 SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 103 OF 191

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a
Any information copied from such Reports and State or for commercial purposes, other than using the i	atements may not be sold or used by any per name and address of any political committee	son for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC	(WellCare PAC)	
Full Name (Last, First, Middle Initial) Gregory A. LaManna Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer Wellcare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 230.76	Date of Receipt 06 24 2013 Transaction ID: SA11AI.7413 Amount of Each Receipt this Period 38.46
Full Name (Last, First, Middle Initial) Jeffry P. Lannigan Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 288.45	Date of Receipt 03 05 2013 Transaction ID: SA11AI.5929 Amount of Each Receipt this Period 96.15
Full Name (Last, First, Middle Initial) Jeffry P. Lannigan Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 384.60	Date of Receipt 03
SUBTOTAL of Receipts This Page (optional)	>	230.76
TOTAL This Period (last page this line number or	nly)	

	FOF	FOR LINE NUMBER: PAGE 104 OF								
Use separate schedule(s) for each category of the Detailed Summary Page	(che	ck only	or or	ne)						
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		13		14		15		16		17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Jeffry P. Lannigan Date of Receipt Mailing Address 8735 Henderson Road 04 02 2013 City State Zip Code Transaction ID: SA11AI.6094 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 480.75 Other (specify) Full Name (Last, First, Middle Initial) B. Jeffry P. Lannigan Date of Receipt Mailing Address 8735 Henderson Road 04 02 2013 City Zip Code State Transaction ID: SA11AI.6168 FL 33634 Tampa Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For:

Primary General Other (specify) ▼	Aggregate rear-to-bate ▼ 576.90	
Full Name (Last, First, Middle Initial) Jeffry P. Lannigan Mailing Address 8735 Henderson Road		Date of Receipt 04 02 2013
City	State Zip Code	Transaction ID : SA11AI.6281
Tampa	FL 33634	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	96.15
Name of Employer	Occupation	
WellCare Health Plans, Inc.	health care	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	673.05	

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

288.45

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TEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one) X 11a
Any information copied from such Reports and Statements nor for commercial purposes, other than using the name and		erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellC	are PAC)	
Full Name (Last, First, Middle Initial) Jeffry P. Lannigan Mailing Address 8735 Henderson Road City State Tampa FL FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify) ▼ Aggregate		Date of Receipt 04 30 2013 Transaction ID: SA11AI.6707 Amount of Each Receipt this Period 96.15
Full Name (Last, First, Middle Initial) Jeffry P. Lannigan Mailing Address 8735 Henderson Road City State Tampa FL FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify) ▼ Aggregate		Date of Receipt 04 30 2013 Transaction ID : SA11Al.6739 Amount of Each Receipt this Period 96.15
Full Name (Last, First, Middle Initial) Jeffry P. Lannigan Mailing Address 8735 Henderson Road City State Tampa FL FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify) General		Date of Receipt M M M
SUBTOTAL of Receipts This Page (optional)		288.45

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Use separate schedule(s)	(check c	nly or	ne)					
for each category of the Detailed Summary Page	X 11a	ı	11b		11c		12	
	13		14		15		16	17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Jeffry P. Lannigan Date of Receipt Mailing Address 8735 Henderson Road 2013 29 City State Zip Code Transaction ID: SA11AI.7111 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1057.65 Other (specify) Full Name (Last, First, Middle Initial) B. Jeffry P. Lannigan Date of Receipt Mailing Address 8735 Henderson Road 06 24 2013 City State Zip Code Transaction ID: SA11AI.7466 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1153.80 Other (specify) Full Name (Last, First, Middle Initial) **c.** Jeffry P. Lannigan Date of Receipt Mailing Address 8735 Henderson Road 06 24 2013 City State Zip Code Transaction ID: SA11AI.7500 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1249.95 Other (specify)

288.45

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

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TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a
Any information copied from such Reports and State or for commercial purposes, other than using the	atements may not be sold or used by any pename and address of any political committee	rson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC	(WellCare PAC)	
Full Name (Last, First, Middle Initial) Kevin A. LeBlanc Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼	Date of Receipt 03 05 2013 Transaction ID: SA11AI.5915 Amount of Each Receipt this Period 96.15
Full Name (Last, First, Middle Initial) Kevin A. LeBlanc Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 384.60	Date of Receipt M M M / D D / 2013 Transaction ID: SA11Al.5983 Amount of Each Receipt this Period 96.15
Full Name (Last, First, Middle Initial) Kevin A. LeBlanc Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 480.75	Date of Receipt 04 02 2013 Transaction ID : SA11AI.6080 Amount of Each Receipt this Period 96.15
SUBTOTAL of Receipts This Page (optional)	>	288.45
TOTAL This Period (last page this line number of	nly)	

191

Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Kevin A. LeBlanc Date of Receipt Mailing Address 8735 Henderson Road 04 2013 02 City State Zip Code Transaction ID: SA11AI.6154 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 576.90 Other (specify) Full Name (Last, First, Middle Initial) B. Kevin A. LeBlanc Date of Receipt Mailing Address 8735 Henderson Road 04 02 2013 City State Zip Code Transaction ID: SA11AI.6262 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 673.05 Other (specify) Full Name (Last, First, Middle Initial) c. Kevin A. LeBlanc Date of Receipt Mailing Address 8735 Henderson Road 30 04 2013 City State Zip Code Transaction ID: SA11AI.6696 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 769.20 Other (specify) 288.45 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Kevin A. LeBlanc Date of Receipt Mailing Address 8735 Henderson Road 04 30 2013 City State Zip Code Transaction ID: SA11AI.6730 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 865.35 Other (specify) Full Name (Last, First, Middle Initial) B. Kevin A. LeBlanc Date of Receipt Mailing Address 8735 Henderson Road 05 29 2013 City State Zip Code Transaction ID: SA11AI.7064 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 961.50 Other (specify) Full Name (Last, First, Middle Initial) c. Kevin A. LeBlanc Date of Receipt Mailing Address 8735 Henderson Road 05 29 2013 City State Zip Code Transaction ID: SA11AI.7099 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1057.65 Other (specify) 288.45 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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TEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one)
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any pee name and address of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAGE	C (WellCare PAC)	
Full Name (Last, First, Middle Initial) Kevin A. LeBlanc Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 1153.80	Date of Receipt M M / 24 2013 Transaction ID: SA11AI.7456 Amount of Each Receipt this Period 96.15
Full Name (Last, First, Middle Initial) Kevin A. LeBlanc Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 1249.95	Date of Receipt M M C 24 2013 Transaction ID: SA11AI.7491 Amount of Each Receipt this Period 96.15
Full Name (Last, First, Middle Initial) Michael S. Lisman Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 211.53	Date of Receipt 05 29 2013 Transaction ID: SA11Al.6939 Amount of Each Receipt this Period 19.23
SUBTOTAL of Receipts This Page (optional)		211.53
TOTAL This Period (last page this line number	only)	

SCHEDULE A (FEC Form 3X)

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TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Statements mor for commercial purposes, other than using the name and a		
NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCa	are PAC)	
Primary General Other (specify) ▼		Date of Receipt M M M / 24 2013 Transaction ID: SA11AI.7217 Amount of Each Receipt this Period 19.23
Full Name (Last, First, Middle Initial) Michael S. Lisman Mailing Address 8735 Henderson Road City State Tampa FL FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify) ▼ Aggregate		Date of Receipt M M M / 24 2013 Transaction ID: SA11AI.7298 Amount of Each Receipt this Period 19.23
Full Name (Last, First, Middle Initial) Brian W. Luidhardt Mailing Address 8735 Henderson Road City State Tampa FEC ID number of contributing federal political committee. Name of Employer Wellcare Health Plans, Inc. Receipt For: Primary General Other (specify)		Date of Receipt 03
SUBTOTAL of Receipts This Page (optional)		788.46

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14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Pam A. Lyons-Taylor Date of Receipt Mailing Address 8735 Henderson Road 2013 City State Zip Code Transaction ID: SA11AI.7069 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 288.45 Other (specify) Full Name (Last, First, Middle Initial) B. Pam A. Lyons-Taylor Date of Receipt Mailing Address 8735 Henderson Road 05 29 2013 City State Zip Code Transaction ID: SA11AI.7104 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 384.60 Other (specify) Full Name (Last, First, Middle Initial) c. Pam A. Lyons-Taylor Date of Receipt Mailing Address 8735 Henderson Road 06 24 2013 City State Zip Code Transaction ID: SA11AI.7429 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 С federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 480.75 Other (specify) 288.45 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

	FOF	LINE	NU	IMBER	:	PAGE	1	13 OF	:	191
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Detailed Summary Page	X	11a		11b		11c		12		
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17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Pam A. Lyons-Taylor Date of Receipt Mailing Address 8735 Henderson Road 2013 24 City State Zip Code Transaction ID: SA11AI.7470 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 576.90 Other (specify) Full Name (Last, First, Middle Initial) B. Dexter D. Mar Date of Receipt Mailing Address 8735 Henderson Road 03 18 2013 City State Zip Code Transaction ID: SA11AI.6010 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) c. Lance D. Marshall Date of Receipt Mailing Address 8735 Henderson Road 30 04 2013 Zip Code City State Transaction ID: SA11AI.6714 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 288.45 Other (specify)

1192.30

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 114 OF 191 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Barbara E. Mason Date of Receipt Mailing Address 8735 Henderson Road 2013 24 City State Zip Code Transaction ID: SA11AI.7402 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 230.76 Other (specify) Full Name (Last, First, Middle Initial) B. Carole A. Matyas Date of Receipt Mailing Address 8735 Henderson Road 05 29 2013 City State Zip Code Transaction ID: SA11AI.7045 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 288.45 Other (specify) Full Name (Last, First, Middle Initial) c. Carole A. Matyas Date of Receipt Mailing Address 8735 Henderson Road 05 29 2013 City State Zip Code Transaction ID: SA11AI.7081 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 С federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 384.60 Other (specify) 230.76 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

SCHEDULE A (FEC Form 3X)

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TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a
Any information copied from such Reports and State or for commercial purposes, other than using the i	atements may not be sold or used by any pename and address of any political committee	rson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC	(WellCare PAC)	
Full Name (Last, First, Middle Initial) Carole A. Matyas Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer Wellcare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 480.75	Date of Receipt 06 24 2013 Transaction ID: SA11AI.7432 Amount of Each Receipt this Period 96.15
Full Name (Last, First, Middle Initial) Carole A. Matyas Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer Wellcare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 576.90	Date of Receipt 06 24 2013 Transaction ID: SA11AI.7473 Amount of Each Receipt this Period 96.15
Full Name (Last, First, Middle Initial) David J. McNichols Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 269.22	Date of Receipt M
SUBTOTAL of Receipts This Page (optional)	>	288.45
TOTAL This Period (last page this line number or	nly)	

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for each category of the Detailed Summary Page	X 1	I1a	11b		11c		12	
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) David J. McNichols Date of Receipt Mailing Address 8735 Henderson Road 2013 29 City State Zip Code Transaction ID: SA11AI.7546 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 365.37 Other (specify) Full Name (Last, First, Middle Initial) B. David J. McNichols Date of Receipt Mailing Address 8735 Henderson Road 06 24 2013 City State Zip Code Transaction ID: SA11AI.7434 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 461.52 Other (specify) Full Name (Last, First, Middle Initial) c. David J. McNichols Date of Receipt Mailing Address 8735 Henderson Road 06 24 2013 Zip Code City State Transaction ID: SA11AI.7474 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 557.67 Other (specify)

288.45

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

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TEMIZED RECEIPTS	for each category of the Detailed Summary Page	(cneck only one) X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any pee name and address of any political committee	erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAGE	C (WellCare PAC)	
Full Name (Last, First, Middle Initial) Michael A. Minor Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 230.76	Date of Receipt O4 O2 2013 Transaction ID : SA11Al.6146 Amount of Each Receipt this Period 38.46
Full Name (Last, First, Middle Initial) Michael A. Minor Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 269.22	Date of Receipt M M M / D D / 2013 Transaction ID: SA11AI.6253 Amount of Each Receipt this Period 38.46
Full Name (Last, First, Middle Initial) Michael A. Minor Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 307.68	Date of Receipt 04 30 2013 Transaction ID: SA11AI.6617 Amount of Each Receipt this Period 38.46
SUBTOTAL of Receipts This Page (optional)		115.38
TOTAL This Period (last page this line number	only)	

FOR LINE NUMBER: PAGE 118 OF 191 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Michael A. Minor Date of Receipt Mailing Address 8735 Henderson Road 04 30 2013 City State Zip Code Transaction ID: SA11AI.6648 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 346.14 Other (specify) Full Name (Last, First, Middle Initial) B. Michael A. Minor Date of Receipt Mailing Address 8735 Henderson Road 05 29 2013 City State Zip Code Transaction ID: SA11AI.6992 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 384.60 Other (specify) Full Name (Last, First, Middle Initial) c. Michael A. Minor Date of Receipt Mailing Address 8735 Henderson Road 05 29 2013 City State Zip Code Transaction ID: SA11AI.7021 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 423.06 Other (specify) 115.38 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page	X 11	а	11b		11c		12		
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Michael A. Minor Date of Receipt Mailing Address 8735 Henderson Road 2013 24 City State Zip Code Transaction ID: SA11AI.7376 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 461.52 Other (specify) Full Name (Last, First, Middle Initial) B. Michael A. Minor Date of Receipt Mailing Address 8735 Henderson Road 06 24 2013 City State Zip Code Transaction ID: SA11AI.7406 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 499.98 Other (specify) Full Name (Last, First, Middle Initial) c. Wendy A. Morriarty Date of Receipt Mailing Address 8735 Henderson Road 05 03 2013 Zip Code City State Transaction ID: SA11AI.5936 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 288.45 Other (specify) 173.07 SUBTOTAL of Receipts This Page (optional).....

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	FOR I	LINE N	NUMBER	:	PAGE	1	20 OF	•	191
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Detailed Summary Page	X 1	1a	11b		11c		12		
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Wendy A. Morriarty Date of Receipt Mailing Address 8735 Henderson Road 05 2013 City State Zip Code Transaction ID: SA11AI.6002 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 384.60 Other (specify) Full Name (Last, First, Middle Initial) B. Wendy A. Morriarty Date of Receipt Mailing Address 8735 Henderson Road 04 02 2013 City State Zip Code Transaction ID: SA11AI.6101 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 480.75 Other (specify) Full Name (Last, First, Middle Initial) c. Wendy A. Morriarty Date of Receipt Mailing Address 8735 Henderson Road 02 04 2013 Zip Code City State Transaction ID: SA11AI.6176 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 576.90 Other (specify) 288.45 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 121 OF 191 Use separate schedule(s) (check only one)

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC	C (WellCare PAC)	
Full Name (Last, First, Middle Initial) Wendy A. Morriarty Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 673.05	Date of Receipt O4 O2 2013 Transaction ID : SA11AI.6288 Amount of Each Receipt this Period 96.15
Full Name (Last, First, Middle Initial) Wendy A. Morriarty Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 769.20	Date of Receipt 04 30 2013 Transaction ID : SA11AI.6740 Amount of Each Receipt this Period 96.15
Full Name (Last, First, Middle Initial) Wendy A. Morriarty Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 865.35	Date of Receipt 04 30 2013 Transaction ID: SA11AI.6741 Amount of Each Receipt this Period 96.15
SUBTOTAL of Receipts This Page (optional)		288.45
TOTAL This Period (last page this line number	only)	

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 122 OF 191

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a
Any information copied from such Reports and St or for commercial purposes, other than using the	tatements may not be sold or used by any pe name and address of any political committee	rson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC	C (WellCare PAC)	
Full Name (Last, First, Middle Initial) Wendy A. Morriarty Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 961.50	Date of Receipt M M
Full Name (Last, First, Middle Initial) Wendy A. Morriarty Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 1057.65	Date of Receipt 05 29 2013 Transaction ID: SA11Al.7112 Amount of Each Receipt this Period 96.15
Full Name (Last, First, Middle Initial) Wendy A. Morriarty Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 1153.80	Date of Receipt M M / 24 2013 Transaction ID: SA11AI.7469 Amount of Each Receipt this Period 96.15
SUBTOTAL of Receipts This Page (optional)	>	288.45
TOTAL This Period (last page this line number of	only)	

FOR LINE NUMBER: PAGE 123 OF 191 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Wendy A. Morriarty Date of Receipt Mailing Address 8735 Henderson Road 2013 24 City State Zip Code Transaction ID: SA11AI.7503 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1249.95 Other (specify) Full Name (Last, First, Middle Initial) B. Daniel H. Paquin Date of Receipt Mailing Address 8735 Henderson Road 03 05 2013 City State Zip Code Transaction ID: SA11AI.5888 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 192.30 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 384.60 Other (specify) Full Name (Last, First, Middle Initial) c. Daniel H. Paquin Date of Receipt Mailing Address 8735 Henderson Road 05 03 2013 City State Zip Code Transaction ID: SA11AI.5957 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 192.30 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 576.90 Other (specify) 480.75 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Daniel H. Paquin Date of Receipt Mailing Address 8735 Henderson Road 04 02 2013 City State Zip Code Transaction ID: SA11AI.6055 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 192.30 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 769.20 Other (specify) Full Name (Last, First, Middle Initial) B. Daniel H. Paquin Date of Receipt Mailing Address 8735 Henderson Road 04 02 2013 City State Zip Code Transaction ID: SA11AI.6126 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 192.30 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 961.50 Other (specify) Full Name (Last, First, Middle Initial) c. Daniel H. Paquin Date of Receipt Mailing Address 8735 Henderson Road 02 04 2013 Zip Code City State Transaction ID: SA11AI.6216 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 192.30 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1153.80 Other (specify)

FEC Schedule A (Form 3X) Rev. 02/2003

576.90

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

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Use separate schedule(s) for each category of the	(check only one)	
Detailed Summary Page	X 11a 11b 11c	12
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Daniel H. Paquin Date of Receipt Mailing Address 8735 Henderson Road 04 30 2013 City State Zip Code Transaction ID: SA11AI.6751 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 192.30 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1346.10 Other (specify) Full Name (Last, First, Middle Initial) B. Daniel H. Paquin Date of Receipt Mailing Address 8735 Henderson Road 30 04 2013 City State Zip Code Transaction ID: SA11AI.6758 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 192.30 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1538.40 Other (specify) Full Name (Last, First, Middle Initial) c. Daniel H. Paquin Date of Receipt Mailing Address 8735 Henderson Road 29 05 2013 Zip Code City State Transaction ID: SA11AI.7119 FL Tampa 33634 Amount of Each Receipt this Period

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1730.70

C

Occupation

health care

Aggregate Year-to-Date ▼

192.30

FEC ID number of contributing

federal political committee.

WellCare Health Plans, Inc.

Other (specify)

General

Name of Employer

Primary

Receipt For:

FOR LINE NUMBER: PAGE 126 OF 191 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Daniel H. Paquin Date of Receipt Mailing Address 8735 Henderson Road 2013 City State Zip Code Transaction ID: SA11AI.7127 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 192.30 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1923.00 Other (specify) Full Name (Last, First, Middle Initial) B. Daniel H. Paquin Date of Receipt Mailing Address 8735 Henderson Road 06 24 2013 City State Zip Code Transaction ID: SA11AI.7509 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 192.30 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 2115.30 Other (specify) Full Name (Last, First, Middle Initial) c. Daniel H. Paquin Date of Receipt Mailing Address 8735 Henderson Road 06 24 2013 City State Zip Code Transaction ID: SA11AI.7516 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 192.30 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 2307.60 Other (specify) 576.90 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

FOR LINE NUMBER: PAGE 127 OF 191 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Christopher T. Parrillo Date of Receipt Mailing Address 8735 Henderson Road 2013 City State Zip Code Transaction ID: SA11AI.7040 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 288.45 Other (specify) Full Name (Last, First, Middle Initial) B. Christopher T. Parrillo Date of Receipt Mailing Address 8735 Henderson Road 05 29 2013 City State Zip Code Transaction ID: SA11AI.7077 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 384.60 Other (specify) Full Name (Last, First, Middle Initial) c. Christopher T. Parrillo Date of Receipt Mailing Address 8735 Henderson Road 06 24 2013 City State Zip Code Transaction ID: SA11AI.7467 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 С federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 480.75 Other (specify) 288.45 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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	Statements may not be sold or used by any pers e name and address of any political committee to	
NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PA	C (WellCare PAC)	
Full Name (Last, First, Middle Initial) Christopher T. Parrillo		Date of Receipt
Mailing Address 8735 Henderson Road		06 24 2013
City Tampa	State Zip Code FL 33634	Transaction ID : SA11AI.7501 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	96.15
Name of Employer Wellcare Health Plans, Inc. Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation health care Aggregate Year-to-Date ▼ 576.90	
Full Name (Last, First, Middle Initial) Jai P. Pillai Mailing Address 8735 Henderson Avenue		Date of Receipt
City	State Zip Code	05 29 2013 Transaction ID : SA11AI.7070
Tampa FEC ID number of contributing federal political committee.	FL 33634	Amount of Each Receipt this Period 96.15
Name of Employer Wellcare Health Plans, Inc.	Occupation health care	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 288.45	
Full Name (Last, First, Middle Initial) Jai P. Pillai		Date of Receipt
Mailing Address 8735 Henderson Avenue		05 29 _2013 _
City Tampa	State Zip Code FL 33634	Transaction ID : SA11AI.7105 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	96.15
Name of Employer Wellcare Health Plans, Inc.	Occupation health care	
Receipt For: Primary Other (specify)	Aggregate Year-to-Date ▼ 384.60	
SUBTOTAL of Receipts This Page (optional)		288.45
TOTAL This Period (last page this line number		

FOR LINE NUMBER: PAGE 129 OF 191 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Jai P. Pillai Date of Receipt Mailing Address 8735 Henderson Avenue 2013 24 City State Zip Code Transaction ID: SA11AI.7460 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 480.75 Other (specify) Full Name (Last, First, Middle Initial) B. Jai P. Pillai Date of Receipt Mailing Address 8735 Henderson Avenue 06 24 2013 City State Zip Code Transaction ID: SA11AI.7494 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 576.90 Other (specify) Full Name (Last, First, Middle Initial) c. Michael R. Polen Date of Receipt Mailing Address 8735 Henderson Road 05 03 2013 City State Zip Code Transaction ID: SA11AI.5902 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 288.45 Other (specify) 288.45 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

FOR LINE NUMBER: PAGE 130 OF 191 Use separate schedule(s) (check only one) X 11a 11b 12 11c 14 13 15 16

for each category of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Michael R. Polen Date of Receipt Mailing Address 8735 Henderson Road 05 2013 City State Zip Code Transaction ID: SA11AI.5969 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 384.60 Other (specify) Full Name (Last, First, Middle Initial) B. Michael R. Polen Date of Receipt Mailing Address 8735 Henderson Road 04 02 2013 City State Zip Code Transaction ID: SA11AI.6067 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 480.75 Other (specify) Full Name (Last, First, Middle Initial) c. Michael R. Polen Date of Receipt Mailing Address 8735 Henderson Road 02 04 2013 City State Zip Code Transaction ID: SA11AI.6141 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 576.90 Other (specify) 288.45 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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FOR LINE NUMBER: PAGE 131 OF 191 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Michael R. Polen Date of Receipt Mailing Address 8735 Henderson Road 04 2013 02 City State Zip Code Transaction ID: SA11AI.6247 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 673.05 Other (specify) Full Name (Last, First, Middle Initial) B. Michael R. Polen Date of Receipt Mailing Address 8735 Henderson Road 04 30 2013 City State Zip Code Transaction ID: SA11AI.6692 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 769.20 Other (specify) Full Name (Last, First, Middle Initial) c. Michael R. Polen Date of Receipt Mailing Address 8735 Henderson Road 30 04 2013 City State Zip Code Transaction ID: SA11AI.6726 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 865.35 Other (specify) 288.45 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Michael R. Polen Date of Receipt Mailing Address 8735 Henderson Road 2013 City State Zip Code Transaction ID: SA11AI.7060 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 961.50 Other (specify) Full Name (Last, First, Middle Initial) B. Michael R. Polen Date of Receipt Mailing Address 8735 Henderson Road 05 29 2013 City State Zip Code Transaction ID: SA11AI.7095 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1057.65 Other (specify) Full Name (Last, First, Middle Initial) c. Michael R. Polen Date of Receipt Mailing Address 8735 Henderson Road 06 24 2013 City State Zip Code Transaction ID: SA11AI.7452 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1153.80 Other (specify) 288.45 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Michael R. Polen Date of Receipt Mailing Address 8735 Henderson Road 2013 24 City State Zip Code Transaction ID: SA11AI.7487 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1249.95 Other (specify) Full Name (Last, First, Middle Initial) **B.** Mary Catherine Powell-Voight Date of Receipt Mailing Address 8735 Henderson Road 03 05 2013 City State Zip Code Transaction ID: SA11AI.5925 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 288.45 Other (specify) Full Name (Last, First, Middle Initial) c. Mary Catherine Powell-Voight Date of Receipt Mailing Address 8735 Henderson Road 05 03 2013 City State Zip Code Transaction ID: SA11AI.5992 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 384.60 Other (specify) 288.45 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Mary Catherine Powell-Voight Date of Receipt Mailing Address 8735 Henderson Road 04 2013 02 City State Zip Code Transaction ID: SA11AI.6089 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 480.75 Other (specify) Full Name (Last, First, Middle Initial) **B.** Mary Catherine Powell-Voight Date of Receipt Mailing Address 8735 Henderson Road 04 02 2013 City State Zip Code Transaction ID: SA11AI.6163 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 576.90 Other (specify) Full Name (Last, First, Middle Initial) c. Mary Catherine Powell-Voight Date of Receipt Mailing Address 8735 Henderson Road 02 04 2013 City State Zip Code Transaction ID: SA11AI.6273 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 673.05 Other (specify) 288.45 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Mary Catherine Powell-Voight Date of Receipt Mailing Address 8735 Henderson Road 04 30 2013 City State Zip Code Transaction ID: SA11AI.6705 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 769.20

	7	
Full Name (Last, First, Middle Initial) Mary Catherine Powell-Voight		Date of Receipt
Mailing Address 8735 Henderson Road		04 30 2013
City	State Zip Code	Transaction ID : SA11AI.6737
Tampa	FL 33634	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	96.15
Name of Employer	Occupation	
WellCare Health Plans, Inc.	health care	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	865.35	
Full Name (Last, First, Middle Initial) Mary Catherine Powell-Voight		Date of Receipt

Mailing Address 8735 Henderson Road 2013 29 05 City State Zip Code Transaction ID: SA11AI.7073 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 961.50 Other (specify)

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SCHEDULE A (FEC Form 3X)

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Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any per name and address of any political committee	erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PA	C (WellCare PAC)	
Full Name (Last, First, Middle Initial) Mary Catherine Powell-Voight Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary Other (specify) General	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 1057.65	Date of Receipt 05 29 2013 Transaction ID : SA11AI.7108 Amount of Each Receipt this Period 96.15
Full Name (Last, First, Middle Initial) Mary Catherine Powell-Voight Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 1153.80	Date of Receipt M M M / 24 2013 Transaction ID: SA11AI.7463 Amount of Each Receipt this Period 96.15
Full Name (Last, First, Middle Initial) Mary Catherine Powell-Voight Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 1249.95	Date of Receipt 06 24 2013 Transaction ID: SA11AI.7498 Amount of Each Receipt this Period 96.15
SUBTOTAL of Receipts This Page (optional)	•	288.45
TOTAL This Period (last page this line number	r only)	

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14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Jayme Anelalani Puu Date of Receipt Mailing Address 8735 Henderson Road 04 2013 02 City State Zip Code Transaction ID: SA11AI.6173 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 230.76 Other (specify) Full Name (Last, First, Middle Initial) B. Jayme Anelalani Puu Date of Receipt Mailing Address 8735 Henderson Road 04 02 2013 City State Zip Code Transaction ID: SA11AI.6286 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 269.22 Other (specify) Full Name (Last, First, Middle Initial) c. Jayme Anelalani Puu Date of Receipt Mailing Address 8735 Henderson Road 30 04 2013 City State Zip Code Transaction ID: SA11AI.6656 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 307.68 Other (specify) 115.38 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Jayme Anelalani Puu Date of Receipt Mailing Address 8735 Henderson Road 04 30 2013 City State Zip Code Transaction ID: SA11AI.6657 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 346.14 Other (specify) Full Name (Last, First, Middle Initial) B. Jayme Anelalani Puu Date of Receipt Mailing Address 8735 Henderson Road 05 29 2013 City State Zip Code Transaction ID: SA11AI.6999 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 384.60 Other (specify) Full Name (Last, First, Middle Initial) c. Jayme Anelalani Puu Date of Receipt Mailing Address 8735 Henderson Road 05 29 2013 City State Zip Code Transaction ID: SA11AI.7029 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 423.06 Other (specify) 115.38 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Jayme Anelalani Puu Date of Receipt Mailing Address 8735 Henderson Road 2013 24 City State Zip Code Transaction ID: SA11AI.7387 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 461.52 Other (specify) Full Name (Last, First, Middle Initial) B. Jayme Anelalani Puu Date of Receipt Mailing Address 8735 Henderson Road 06 24 2013 City State Zip Code Transaction ID: SA11AI.7416 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 499.98 Other (specify) Full Name (Last, First, Middle Initial) c. Greg Quick Date of Receipt Mailing Address 8735 Henderson Road 05 29 2013 City State Zip Code Transaction ID: SA11AI.6894 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 211.53 Other (specify) 96.15 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Greg Quick Date of Receipt Mailing Address 8735 Henderson Road 2013 24 City State Zip Code Transaction ID: SA11AI.7171 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 230.76 Other (specify) Full Name (Last, First, Middle Initial) B. Greg Quick Date of Receipt Mailing Address 8735 Henderson Road 06 24 2013 City State Zip Code Transaction ID: SA11AI.7254 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 249.99 Other (specify) Full Name (Last, First, Middle Initial) c. Jeffrey S. Ray Date of Receipt Mailing Address 8735 Henderson Road 05 29 2013 City State Zip Code Transaction ID: SA11AI.7033 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 41.66 С federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 208.30 Other (specify) 80.12 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Jeffrey S. Ray Date of Receipt Mailing Address 8735 Henderson Road 2013 24 City State Zip Code Transaction ID: SA11AI.7417 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 41.66 federal political committee. Name of Employer Occupation health care Wellcare Health Plans, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 249.96 Other (specify) Full Name (Last, First, Middle Initial) **B.** Jeffrey S. Ray Date of Receipt Mailing Address 8735 Henderson Road 06 24 2013 City State Zip Code Transaction ID: SA11AI.7420 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 41.66 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General

Other (specify) Full Name (Last, First, Middle Initial) c. Anne E. Read Date of Receipt Mailing Address 8735 Henderson Road 29 05 2013 City State Zip Code Transaction ID: SA11AI.6952 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 211.53 Other (specify)

291.62

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Anne E. Read Date of Receipt Mailing Address 8735 Henderson Road 2013 24 City State Zip Code Transaction ID: SA11AI.7231 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 230.76 Other (specify) Full Name (Last, First, Middle Initial) B. Anne E. Read Date of Receipt Mailing Address 8735 Henderson Road 06 24 2013 City State Zip Code Transaction ID: SA11AI.7313 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 249.99 Other (specify) Full Name (Last, First, Middle Initial) c. Wendy J. Reynolds Date of Receipt Mailing Address 8735 Henderson Road 29 05 2013 Zip Code City State Transaction ID: SA11AI.6942 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 211.53 Other (specify) 57.69 SUBTOTAL of Receipts This Page (optional).....

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14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Wendy J. Reynolds Date of Receipt Mailing Address 8735 Henderson Road 2013 24 City State Zip Code Transaction ID: SA11AI.7220 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 230.76 Other (specify) Full Name (Last, First, Middle Initial) **B.** Wendy J. Reynolds Date of Receipt Mailing Address 8735 Henderson Road 06 24 2013 City State Zip Code Transaction ID: SA11AI.7302 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 249.99 Other (specify) Full Name (Last, First, Middle Initial) c. Michael L. Ridenour Date of Receipt Mailing Address 8735 Henderson Road 05 29 2013 City State Zip Code Transaction ID: SA11AI.7007 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 С federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 230.76 Other (specify) 76.92 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Michael L. Ridenour Date of Receipt Mailing Address 8735 Henderson Road 2013 24 City State Zip Code Transaction ID: SA11AI.7363 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 269.22 Other (specify) Full Name (Last, First, Middle Initial) B. Michael L. Ridenour Date of Receipt Mailing Address 8735 Henderson Road 06 24 2013 City State Zip Code Transaction ID: SA11AI.7392 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 307.68 Other (specify) Full Name (Last, First, Middle Initial) c. Charles Rivera Date of Receipt Mailing Address 8735 Henderson Road 06 06 2013 City State Zip Code Transaction ID: SA11AI.7520 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. director Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 576.92 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Elizabeth Rosado Date of Receipt Mailing Address 8735 Henderson Road 2013 City State Zip Code Transaction ID : SA11AI.6014 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Lauralie M. Rubel Date of Receipt Mailing Address 8735 Henderson Road 03 05 2013 City State Zip Code Transaction ID: SA11AI.5911 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 288.45 Other (specify) Full Name (Last, First, Middle Initial) c. Lauralie M. Rubel Date of Receipt Mailing Address 8735 Henderson Road 05 03 2013 City State Zip Code Transaction ID: SA11AI.5979 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 384.60 Other (specify) 692.30 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any per ename and address of any political committee	erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PA	C (WellCare PAC)	
Full Name (Last, First, Middle Initial) Lauralie M. Rubel Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 480.75	Date of Receipt 04 02 2013 Transaction ID: SA11AI.6076 Amount of Each Receipt this Period 96.15
Full Name (Last, First, Middle Initial) Lauralie M. Rubel Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 576.90	Date of Receipt 04 02 2013 Transaction ID: SA11Al.6150 Amount of Each Receipt this Period 96.15
Full Name (Last, First, Middle Initial) Lauralie M. Rubel Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 673.05	Date of Receipt 04 02 2013 Transaction ID: SA11AI.6257 Amount of Each Receipt this Period 96.15
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NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PA	C (WellCare PAC)	
Full Name (Last, First, Middle Initial) Lauralie M. Rubel Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 769.20	Date of Receipt 04 30 2013 Transaction ID: SA11AI.6695 Amount of Each Receipt this Period 96.15
Full Name (Last, First, Middle Initial) Lauralie M. Rubel Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 865.35	Date of Receipt 04 30 2013 Transaction ID: SA11AI.6729 Amount of Each Receipt this Period 96.15
Full Name (Last, First, Middle Initial) Lauralie M. Rubel Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 961.50	Date of Receipt 05 29 2013 Transaction ID : SA11AI.7063 Amount of Each Receipt this Period 96.15
SUBTOTAL of Receipts This Page (optional)	<u> </u>	288.45
TOTAL This Period (last page this line number	only)	

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Lauralie M. Rubel Date of Receipt Mailing Address 8735 Henderson Road 2013 29 City State Zip Code Transaction ID: SA11AI.7098 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1057.65 Other (specify) Full Name (Last, First, Middle Initial) B. Lauralie M. Rubel Date of Receipt Mailing Address 8735 Henderson Road 06 24 2013 City State Zip Code Transaction ID: SA11AI.7431 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1153.80 Other (specify) Full Name (Last, First, Middle Initial) c. Lauralie M. Rubel Date of Receipt Mailing Address 8735 Henderson Road 06 24 2013 Zip Code City State Transaction ID: SA11AI.7472 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1249.95 Other (specify) 288.45

SUBTOTAL of Receipts This Page (optional).....

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Katherine Ryland Date of Receipt Mailing Address 8735 Henderson Road 2013 24 City State Zip Code Transaction ID: SA11AI.7390 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 230.76 Other (specify) Full Name (Last, First, Middle Initial) B. Abby Dritz Salzer Date of Receipt Mailing Address 8735 Henderson Road 06 24 2013 City State Zip Code Transaction ID: SA11AI.7370 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 230.76 Other (specify) Full Name (Last, First, Middle Initial) c. Abby Dritz Salzer Date of Receipt Mailing Address 8735 Henderson Road 06 24 2013 City State Zip Code Transaction ID: SA11AI.7399 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 С federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 269.22 Other (specify) 115.38 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Tracy M. Schmidt Date of Receipt Mailing Address 8735 Henderson Road 2013 City State Zip Code Transaction ID: SA11AI.7133 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 20.83 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 208.30 Other (specify) Full Name (Last, First, Middle Initial) B. Tracy M. Schmidt Date of Receipt Mailing Address 8735 Henderson Road 06 24 2013 City State Zip Code Transaction ID: SA11AI.7343 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 20.83 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 229.13 Other (specify) Full Name (Last, First, Middle Initial) **c.** Tracy M. Schmidt Date of Receipt Mailing Address 8735 Henderson Road 06 24 2013 City State Zip Code Transaction ID: SA11AI.7353 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 20.83 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 249.96 Other (specify) 62.49 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Florence B. Shafiq Date of Receipt Mailing Address 8735 Henderson Road 2013 City State Zip Code Transaction ID: SA11AI.6004 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Elliott A. Shaw Jr. Date of Receipt Mailing Address 8735 Henderson Road 04 02 2013 City State Zip Code Transaction ID: SA11AI.6095 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Elliott A. Shaw Jr. Date of Receipt Mailing Address 8735 Henderson Road 02 04 2013 City State Zip Code Transaction ID: SA11AI.6169 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 50.00 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 600.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Elliott A. Shaw Jr. Date of Receipt Mailing Address 8735 Henderson Road 04 2013 02 City State Zip Code Transaction ID: SA11AI.6282 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 350.00 Other (specify) Full Name (Last, First, Middle Initial) B. Elliott A. Shaw Jr. Date of Receipt Mailing Address 8735 Henderson Road 04 30 2013 City State Zip Code Transaction ID: SA11AI.6667 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) Full Name (Last, First, Middle Initial) c. Elliott A. Shaw Jr. Date of Receipt Mailing Address 8735 Henderson Road 30 04 2013 City State Zip Code Transaction ID: SA11AI.6668 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 50.00 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 450.00 Other (specify) 150.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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TEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Statements or for commercial purposes, other than using the name and		erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (Well)	Care PAC)	
Full Name (Last, First, Middle Initial) A. Elliott A. Shaw Jr. Mailing Address 8735 Henderson Road City State Tampa FL FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify) Occupation Aggregation Aggregation Aggregation Aggregation Aggregation Aggregation Aggregation Aggregation Aggregation Aggregation Aggregation Aggregation Other (specify)		Date of Receipt 05 29 2013 Transaction ID : SA11AI.7130 Amount of Each Receipt this Period 50.00
Full Name (Last, First, Middle Initial) Elliott A. Shaw Jr. Mailing Address 8735 Henderson Road City State Tampa FL FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify) Aggrega		Date of Receipt 05 29 2013 Transaction ID : SA11AI.7131 Amount of Each Receipt this Period 50.00
Full Name (Last, First, Middle Initial) Elliott A. Shaw Jr. Mailing Address 8735 Henderson Road City State Tampa FL FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify) General		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		150.00
TOTAL This Period (last page this line number only)		

FOR LINE NUMBER: PAGE 154 OF 191 Use separate schedule(s) (check only one) X 11a 11b 12 11c 14 13 15 16

for each category of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Elliott A. Shaw Jr. Date of Receipt Mailing Address 8735 Henderson Road 2013 24 City State Zip Code Transaction ID: SA11AI.7426 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 650.00 Other (specify) Full Name (Last, First, Middle Initial) B. Lawrence R. Smart Date of Receipt Mailing Address 8735 Henderson Road 05 29 2013 City State Zip Code Transaction ID: SA11AI.6944 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 211.53 Other (specify) Full Name (Last, First, Middle Initial) **c.** Lawrence R. Smart Date of Receipt Mailing Address 8735 Henderson Road 06 24 2013 City State Zip Code Transaction ID: SA11AI.7223 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 230.76 Other (specify) 88.46 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a
Any information copied from such Reports and State or for commercial purposes, other than using the	atements may not be sold or used by any per name and address of any political committee	rson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC	(WellCare PAC)	
Full Name (Last, First, Middle Initial) Lawrence R. Smart Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary Other (specify) General	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 249.99	Date of Receipt 06 24 2013 Transaction ID: SA11AI.7305 Amount of Each Receipt this Period 19.23
Full Name (Last, First, Middle Initial) Alan R. Smith Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 288.45	Date of Receipt 03 05 2013 Transaction ID : SA11AI.5895 Amount of Each Receipt this Period 96.15
Full Name (Last, First, Middle Initial) Alan R. Smith Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 384.60	Date of Receipt 03
SUBTOTAL of Receipts This Page (optional)	>	211.53
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14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Alan R. Smith Date of Receipt Mailing Address 8735 Henderson Road 04 2013 02 City State Zip Code Transaction ID: SA11AI.6060 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 480.75 Other (specify) Full Name (Last, First, Middle Initial) B. Alan R. Smith Date of Receipt Mailing Address 8735 Henderson Road 04 02 2013 City State Zip Code Transaction ID: SA11AI.6133 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 576.90 Other (specify) Full Name (Last, First, Middle Initial) c. Alan R. Smith Date of Receipt Mailing Address 8735 Henderson Road 02 04 2013 City State Zip Code Transaction ID: SA11AI.6240 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 673.05 Other (specify) 288.45 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

FOR LINE NUMBER: PAGE 157 OF 191 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Alan R. Smith Date of Receipt Mailing Address 8735 Henderson Road 04 30 2013 City State Zip Code Transaction ID: SA11AI.6691 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 769.20 Other (specify) Full Name (Last, First, Middle Initial) B. Alan R. Smith Date of Receipt Mailing Address 8735 Henderson Road 04 30 2013 City State Zip Code Transaction ID: SA11AI.6725 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 865.35 Other (specify) Full Name (Last, First, Middle Initial) c. Alan R. Smith Date of Receipt Mailing Address 8735 Henderson Road 05 29 2013 City State Zip Code Transaction ID: SA11AI.7059 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 961.50 Other (specify) 288.45 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC ((WellCare PAC)	
WellCare Health Plans, Inc. Receipt For: Primary General Other (specify) ▼	State Zip Code FL 33634 C Decupation lealth care Aggregate Year-to-Date ▼ 1057.65	Date of Receipt 05 29 2013 Transaction ID: SA11AI.7094 Amount of Each Receipt this Period 96.15
WellCare Health Plans, Inc.	State Zip Code FL 33634 C Occupation ealth care Aggregate Year-to-Date ▼ 1153.80	Date of Receipt Mark
WellCare Health Plans, Inc.	State Zip Code FL 33634 C Decupation health care Aggregate Year-to-Date ▼ 1249.95	Date of Receipt M M / 24 2013 Transaction ID : SA11AI.7481 Amount of Each Receipt this Period 96.15
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number only		288.45

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NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PA	C (WellCare PAC)	
Full Name (Last, First, Middle Initial) Christopher P. Surrell Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer Wellcare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 288.45	Date of Receipt 05 29 2013 Transaction ID: SA11AI.7051 Amount of Each Receipt this Period 96.15
Full Name (Last, First, Middle Initial) Christopher P. Surrell Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer Wellcare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 384.60	Date of Receipt 05 29 2013 Transaction ID: SA11AI.7087 Amount of Each Receipt this Period 96.15
Christopher P. Surrell Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer Wellcare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 480.75	Date of Receipt M M M / 24 2013 Transaction ID: SA11AI.7441 Amount of Each Receipt this Period 96.15
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Jesse L. Thomas Jr. Date of Receipt Mailing Address 8735 Henderson Road 04 02 2013 City State Zip Code Transaction ID: SA11AI.6047 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 192.30 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 769.20 Other (specify) Full Name (Last, First, Middle Initial) B. Jesse L. Thomas Jr. Date of Receipt Mailing Address 8735 Henderson Road 04 02 2013 City State Zip Code Transaction ID: SA11AI.6117 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 192.30 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 961.50 Other (specify) Full Name (Last, First, Middle Initial) **c.** Jesse L. Thomas Jr. Date of Receipt Mailing Address 8735 Henderson Road 02 04 2013 Zip Code City State Transaction ID: SA11AI.6198 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 192.30 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1153.80 Other (specify)

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Jesse L. Thomas Jr. Date of Receipt Mailing Address 8735 Henderson Road 04 30 2013 City State Zip Code Transaction ID: SA11AI.6749 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 192.30 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1346.10 Other (specify) Full Name (Last, First, Middle Initial) B. Jesse L. Thomas Jr. Date of Receipt Mailing Address 8735 Henderson Road 04 30 2013 City State Zip Code Transaction ID: SA11AI.6757 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 192.30 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1538.40 Other (specify) Full Name (Last, First, Middle Initial) **c.** Jesse L. Thomas Jr. Date of Receipt Mailing Address 8735 Henderson Road 05 29 2013 City State Zip Code Transaction ID: SA11AI.7118 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 192.30 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1730.70 Other (specify) 576.90 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Jesse L. Thomas Jr. Date of Receipt Mailing Address 8735 Henderson Road 2013 City State Zip Code Transaction ID: SA11AI.7126 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 192.30 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1923.00 Other (specify) Full Name (Last, First, Middle Initial) B. Jesse L. Thomas Jr. Date of Receipt Mailing Address 8735 Henderson Road 06 24 2013 City State Zip Code Transaction ID: SA11AI.7508 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 192.30 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 2115.30 Other (specify) Full Name (Last, First, Middle Initial) **c.** Jesse L. Thomas Jr. Date of Receipt Mailing Address 8735 Henderson Road 06 24 2013 City State Zip Code Transaction ID: SA11AI.7515 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 192.30 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 2307.60 Other (specify) 576.90 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Thomas Tran Date of Receipt Mailing Address 8735 Henderson Road 05 2013 City State Zip Code Transaction ID: SA11AI.5874 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 192.30 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 384.60 Other (specify) Full Name (Last, First, Middle Initial) B. Thomas Tran Date of Receipt Mailing Address 8735 Henderson Road 03 05 2013 City State Zip Code Transaction ID: SA11AI.5942 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 192.30 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 576.90 Other (specify) Full Name (Last, First, Middle Initial) **c.** Thomas Tran Date of Receipt Mailing Address 8735 Henderson Road 02 04 2013 City State Zip Code Transaction ID: SA11AI.6039 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 192.30 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 769.20 Other (specify) 576.90 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Thomas Tran Date of Receipt Mailing Address 8735 Henderson Road 04 2013 02 City State Zip Code Transaction ID: SA11AI.6108 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 192.30 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 961.50 Other (specify) Full Name (Last, First, Middle Initial) B. Thomas Tran Date of Receipt Mailing Address 8735 Henderson Road 04 02 2013 City State Zip Code Transaction ID: SA11AI.6184 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 192.30 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1153.80 Other (specify) Full Name (Last, First, Middle Initial) **c.** Thomas Tran Date of Receipt Mailing Address 8735 Henderson Road 30 04 2013 City State Zip Code Transaction ID: SA11AI.6745 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 192.30 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1346.10 Other (specify) 576.90 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Thomas Tran Date of Receipt Mailing Address 8735 Henderson Road 04 30 2013 City State Zip Code Transaction ID: SA11AI.6754 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 192.30 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1538.40 Other (specify) Full Name (Last, First, Middle Initial) B. Thomas Tran Date of Receipt Mailing Address 8735 Henderson Road 05 29 2013 City State Zip Code Transaction ID: SA11AI.7115 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 192.30 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1730.70 Other (specify) Full Name (Last, First, Middle Initial) **c.** Thomas Tran Date of Receipt Mailing Address 8735 Henderson Road 05 29 2013 City State Zip Code Transaction ID: SA11AI.7123 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 192.30 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1923.00 Other (specify) 576.90 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Thomas Tran Date of Receipt Mailing Address 8735 Henderson Road 2013 24 City State Zip Code Transaction ID: SA11AI.7512 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 192.30 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 2115.30 Other (specify) Full Name (Last, First, Middle Initial) B. Thomas Tran Date of Receipt Mailing Address 8735 Henderson Road 06 24 2013 City State Zip Code Transaction ID: SA11AI.7519 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 192.30 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 2307.60 Other (specify) Full Name (Last, First, Middle Initial) c. Lisa VanSteelant Date of Receipt Mailing Address 8735 Henderson Road 06 24 2013 City State Zip Code Transaction ID: SA11AI.7409 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 С federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 230.76 Other (specify) 423.06 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Steven A. Vetrano Date of Receipt Mailing Address 8735 Henderson Road 2013 24 City State Zip Code Transaction ID: SA11AI.7371 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 230.76 Other (specify) Full Name (Last, First, Middle Initial) B. Steven A. Vetrano Date of Receipt Mailing Address 8735 Henderson Road 06 24 2013 City State Zip Code Transaction ID: SA11AI.7400 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 269.22 Other (specify) Full Name (Last, First, Middle Initial) c. Leonel Viel Date of Receipt Mailing Address 8735 Henderson Road 05 29 2013 City State Zip Code Transaction ID: SA11AI.6943 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 211.53 Other (specify) 96.15 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Leonel Viel Date of Receipt Mailing Address 8735 Henderson Road 24 2013 City State Zip Code Transaction ID: SA11AI.7221 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 230.76 Other (specify) Full Name (Last, First, Middle Initial) B. Leonel Viel Date of Receipt Mailing Address 8735 Henderson Road 06 24 2013 City Zip Code State Transaction ID: SA11AI.7303 FL 33634 Tampa Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer

WellCare Health Plans, Inc. Receipt For: Primary General Other (specify) ▼	health care Aggregate Year-to-Date ▼ 249.99	
Full Name (Last, First, Middle Initial) C. Timothy R. Waggoner Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼	Date of Receipt 05 29 2013 Transaction ID : SA11AI.6956 Amount of Each Receipt this Period
Other (specify)	211.53	57.69

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

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TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC	C (WellCare PAC)	
Full Name (Last, First, Middle Initial) Timothy R. Waggoner Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 230.76	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Timothy R. Waggoner Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Ed Wang Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer Wellcare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 208.30	Date of Receipt 05 29 2013 Transaction ID: SA11AI.7035 Amount of Each Receipt this Period 41.66
SUBTOTAL of Receipts This Page (optional)	·····	80.12
TOTAL This Period (last page this line number	only)	

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TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a
Any information copied from such Reports and State or for commercial purposes, other than using the i	atements may not be sold or used by any pename and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC	(WellCare PAC)	
Full Name (Last, First, Middle Initial) Ed Wang Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer Wellcare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 249.96	Date of Receipt 06 24 2013 Transaction ID: SA11AI.7419 Amount of Each Receipt this Period 41.66
Full Name (Last, First, Middle Initial) Ed Wang Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer Wellcare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼	Date of Receipt 06 24 2013 Transaction ID: SA11AI.7422 Amount of Each Receipt this Period 41.66
Full Name (Last, First, Middle Initial) Kathy C. Warner Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼	Date of Receipt M
SUBTOTAL of Receipts This Page (optional)	·····	102.55
TOTAL This Period (last page this line number or	nly)	

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TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a
Any information copied from such Reports and or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PA	C (WellCare PAC)	
Full Name (Last, First, Middle Initial) Kathy C. Warner Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 230.76	Date of Receipt M M M / 24 2013 Transaction ID: SA11AI.7224 Amount of Each Receipt this Period 19.23
Full Name (Last, First, Middle Initial) Kathy C. Warner Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 249.99	Date of Receipt 06 24 2013 Transaction ID: SA11AI.7306 Amount of Each Receipt this Period 19.23
Full Name (Last, First, Middle Initial) John David White Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 211.53	Date of Receipt 05 29 2013 Transaction ID : SA11AI.6892 Amount of Each Receipt this Period 19.23
SUBTOTAL of Receipts This Page (optional)		57.69
TOTAL This Period (last page this line number	only)	

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TEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one) X 11a
Any information copied from such Reports and Statementor for commercial purposes, other than using the name a		
NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (We	ellCare PAC)	
Full Name (Last, First, Middle Initial) John David White Mailing Address 8735 Henderson Road City State Tampa FL FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify) Occup	33634 Dation	Date of Receipt 06 24 2013 Transaction ID: SA11AI.7250 Amount of Each Receipt this Period 19.23
Full Name (Last, First, Middle Initial) Sandra White Mailing Address 8735 Henderson Road City State Tampa FL FEC ID number of contributing federal political committee. Name of Employer Wellcare Health Plans, Inc. Receipt For: Primary General Other (specify) ▼ Aggre	33634 Dation	Date of Receipt 06 24 2013 Transaction ID : SA11AI.7365 Amount of Each Receipt this Period 38.46
Full Name (Last, First, Middle Initial) Sandra White Mailing Address 8735 Henderson Road City State Tampa FL FEC ID number of contributing federal political committee. Name of Employer Wellcare Health Plans, Inc. Receipt For: Primary General Other (specify) OCCUP	33634 Dation	Date of Receipt M M M / 24 2013 Transaction ID : SA11AI.7394 Amount of Each Receipt this Period 38.46
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number only))	96.15

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TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAGE	C (WellCare PAC)	
Full Name (Last, First, Middle Initial) Yan Xiong Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 230.76	Date of Receipt O4 O2 2013 Transaction ID : SA11AI.6248 Amount of Each Receipt this Period 38.46
Full Name (Last, First, Middle Initial) Yan Xiong Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 326.91	Date of Receipt 04 30 2013 Transaction ID : SA11Al.6693 Amount of Each Receipt this Period 96.15
Full Name (Last, First, Middle Initial) Yan Xiong Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 423.06	Date of Receipt 04 30 2013 Transaction ID: SA11AI.6727 Amount of Each Receipt this Period 96.15
SUBTOTAL of Receipts This Page (optional)		230.76
TOTAL This Period (last page this line number	only)	

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NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PA	C (WellCare PAC)	
Full Name (Last, First, Middle Initial) Yan Xiong Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 519.21	Date of Receipt 05 29 2013 Transaction ID : SA11AI.7061 Amount of Each Receipt this Period 96.15
Full Name (Last, First, Middle Initial) Yan Xiong Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 615.36	Date of Receipt 05 29 2013 Transaction ID : SA11AI.7096 Amount of Each Receipt this Period 96.15
Full Name (Last, First, Middle Initial) Yan Xiong Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 711.51	Date of Receipt 06 24 2013 Transaction ID: SA11AI.7453 Amount of Each Receipt this Period 96.15
SUBTOTAL of Receipts This Page (optional)		288.45
TOTAL This Period (last page this line number	only)	

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14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Yin Yiu Date of Receipt Mailing Address 8735 Henderson Road 2013 24 City State Zip Code Transaction ID: SA11AI.7261 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 249.99 Other (specify) Full Name (Last, First, Middle Initial) B. Michael Carl Yount Date of Receipt Mailing Address 8735 Henderson Road 03 05 2013 City State Zip Code Transaction ID: SA11AI.5884 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 288.45 Other (specify) Full Name (Last, First, Middle Initial) c. Michael Carl Yount Date of Receipt Mailing Address 8735 Henderson Road 05 03 2013 City State Zip Code Transaction ID: SA11AI.5953 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 384.60 Other (specify) 211.53 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Michael Carl Yount Date of Receipt Mailing Address 8735 Henderson Road 04 2013 02 City State Zip Code Transaction ID: SA11AI.6050 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 480.75 Other (specify) Full Name (Last, First, Middle Initial) B. Michael Carl Yount Date of Receipt Mailing Address 8735 Henderson Road 04 02 2013 City State Zip Code Transaction ID: SA11AI.6119 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 576.90 Other (specify) Full Name (Last, First, Middle Initial) c. Michael Carl Yount Date of Receipt Mailing Address 8735 Henderson Road 02 04 2013 City State Zip Code Transaction ID: SA11AI.6209 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 673.05 Other (specify) 288.45 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page	X	11a		11b		11c		12		
,		13		14		15		16		11

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Michael Carl Yount Date of Receipt Mailing Address 8735 Henderson Road 04 30 2013 City State Zip Code Transaction ID: SA11AI.6674 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 769.20 Other (specify) Full Name (Last, First, Middle Initial) B. Michael Carl Yount Date of Receipt Mailing Address 8735 Henderson Road 04 30 2013 City State Zip Code Transaction ID: SA11AI.6710 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 865.35 Other (specify) Full Name (Last, First, Middle Initial) c. Michael Carl Yount Date of Receipt Mailing Address 8735 Henderson Road 29 05 2013 Zip Code City State Transaction ID: SA11AI.7043 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 961.50 Other (specify) 288.45 SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 181 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Michael Carl Yount Date of Receipt Mailing Address 8735 Henderson Road 2013 City State Zip Code Transaction ID: SA11AI.7079 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1057.65 Other (specify) Full Name (Last, First, Middle Initial) B. Michael Carl Yount Date of Receipt Mailing Address 8735 Henderson Road 06 24 2013 City State Zip Code Transaction ID: SA11AI.7430 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1153.80 Other (specify) Full Name (Last, First, Middle Initial) c. Michael Carl Yount Date of Receipt Mailing Address 8735 Henderson Road 06 24 2013 City State Zip Code Transaction ID: SA11AI.7471 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1249.95 Other (specify) 288.45 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

FOR LINE NUMBER: PAGE 182 OF 191 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Annette L. Zerbe Date of Receipt Mailing Address 8735 Henderson Road 2013 29 City State Zip Code Transaction ID: SA11AI.6887 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 211.53 Other (specify) Full Name (Last, First, Middle Initial) B. Annette L. Zerbe Date of Receipt Mailing Address 8735 Henderson Road 06 24 2013 City State Zip Code Transaction ID: SA11AI.7245 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 230.76 Other (specify) Full Name (Last, First, Middle Initial) c. Annette L. Zerbe Date of Receipt Mailing Address 8735 Henderson Road 06 24 2013 City State Zip Code Transaction ID: SA11AI.7328 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 249.99 Other (specify) 57.69 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

FOR LINE NUMBER: PAGE 183 OF 191 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c

Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Don Zhang Date of Receipt Mailing Address 8735 Henderson Road 04 2013 02 City State Zip Code Transaction ID: SA11AI.6140 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 230.76 Other (specify) Full Name (Last, First, Middle Initial) B. Don Zhang Date of Receipt Mailing Address 8735 Henderson Road 04 02 2013 City State Zip Code Transaction ID: SA11AI.6246 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 269.22 Other (specify) Full Name (Last, First, Middle Initial) c. Don Zhang Date of Receipt Mailing Address 8735 Henderson Road 30 04 2013 City State Zip Code Transaction ID: SA11AI.6616 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 307.68 Other (specify) 115.38 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

FOR LINE NUMBER: PAGE 184 OF 191 Use separate schedule(s) (check only one) X 11a 11b 12 11c

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Don Zhang Date of Receipt Mailing Address 8735 Henderson Road 04 30 2013 City State Zip Code Transaction ID: SA11AI.6647 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 346.14 Other (specify) Full Name (Last, First, Middle Initial) B. Don Zhang Date of Receipt Mailing Address 8735 Henderson Road 05 29 2013 City State Zip Code Transaction ID: SA11AI.6991 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 384.60 Other (specify) Full Name (Last, First, Middle Initial) c. Don Zhang Date of Receipt Mailing Address 8735 Henderson Road 29 05 2013 City State Zip Code Transaction ID: SA11AI.7020 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 423.06 Other (specify) 115.38 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

FOR LINE NUMBER: PAGE 185 OF 191 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Don Zhang Date of Receipt Mailing Address 8735 Henderson Road 2013 24 City State Zip Code Transaction ID: SA11AI.7375 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 461.52 Other (specify) Full Name (Last, First, Middle Initial) B. Don Zhang Date of Receipt Mailing Address 8735 Henderson Road 06 24 2013 City State Zip Code Transaction ID: SA11AI.7404 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 499.98 Other (specify) Full Name (Last, First, Middle Initial) c. Carlene C. Zincke Date of Receipt Mailing Address 8735 Henderson Road 06 24 2013 City State Zip Code Transaction ID: SA11AI.7360 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 С federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 230.76 Other (specify) 115.38 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 186 OF 191 Use separate schedule(s) (check only one) for each category of the X 11a 11b 11c 12 Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Carlene C. Zincke Date of Receipt Mailing Address 8735 Henderson Road 2013 24 City State Zip Code Transaction ID: SA11AI.7389 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 269.22 Other (specify) Full Name (Last, First, Middle Initial) В. Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 38.46 SUBTOTAL of Receipts This Page (optional)..... 49196.80 TOTAL This Period (last page this line number only).....

SCHEDULE B (FEC Form 3X)	Has assessed a Late (FOR LINE	NUMBER:	PAGE 187 OF 19
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	21b	22 🗶 23	24 25 26
		27	28a 28b	28c 29 3
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam				
NAME OF COMMITTEE (In Full)	ic and address of any point	car committee to	3011CIT CONTINUATIONS ITC	in such committee.
Wellcare Health Plans, Inc. PAC (V	VellCare PAC)			
Full Name (Last, First, Middle Initial)				
A. Alexander for Senate 2014, Inc.			Date of Disburseme	
Mailing Address 228 S. Washington Street, #115			03 04	2013
,	State Zip Code		Transaction ID : S	R23 6032
Alexandria Purpose of Disbursement	VA 22314		Transaction is . C	D20.0002
contribution			Amount of Each Dis	bursement this Period
Candidate Name		Category/		1000.00
Lamar Alexander	. =	Туре	7	1000.00
Senate President	nent For: 2014 Primary General Other (specify) ▼			
State: TN District: 00				
Full Name (Last, First, Middle Initial) B. America's Health Insurance Plans	PAC:		Date of Disburseme	nt
- The field of Field in The draine of Table in	1710		M = M / D = D	/ Y = Y = Y = Y
Mailing Address 601 Pennsylvania Ave., N.W. Suite 500			05 31	2013
City S Washington	State Zip Code DC 20004		Transaction ID : S	B23.7533
Purpose of Disbursement contribution	20004			
Candidate Name			Amount of Each Dis	bursement this Period
Canadate Name		Category/ Type		5000.00
	nent For: Primary General Other (specify)	71		
Full Name (Last, First, Middle Initial)				
C. Becerra for Congress			Date of Disburseme	nt
Mailing Address P. O. Box 261060			05 30	2013
City	State Zip Code		Transation ID - C	D00 74 40
Los Angeles	CA 90026		Transaction ID : S	D23./149
Purpose of Disbursement contribution				
Candidate Name		البيا	Amount of Each Dis	bursement this Period
Xavier Becerra		Category/ Type		1000.00
Senate President	nent For: 2014 Primary General Other (specify)	,,	, , , , , ,	-,
State: CA District: 34				
SUBTOTAL of Disbursements This Page (optional)		·····	-	7000.00
TOTAL This Period (last page this line number only)				

SCHEDULE B (FEC Form 3X)	Han annoyets sales delected			PAGE 188 OF 191
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(orleast orliny	,	
	Detailed Summary Page	21b 27	22 X 23 28b	24 25 26 28c 29 30b
Any information copied from such Reports and State	ments may not be sold or up			
or for commercial purposes, other than using the na				
NAME OF COMMITTEE (In Full)		•		
$ \; angle$ Wellcare Health Plans, Inc. PAC (WellCare PAC)			
Full Name (Last, First, Middle Initial)		İ		
A. Friends of Jim Clyburn			Date of Disbursem	ent
			M M / D D	/ Y Y Y Y Y
Mailing Address P. O. Box 12567			05 24	2013
City	State Zip Code			
Columbia	SC 29211		Transaction ID:	SB23.7527
Purpose of Disbursement				
contribution			Amount of Each D	isbursement this Period
Candidate Name James E. Clyburn		Category/		1000.00
	ement For: 2014	Туре		
	Primary General			
President	Other (specify) ▼			
State: SC District: 06				
Full Name (Last, First, Middle Initial) B. Georgians for Isakson			Date of Disbursem	ent
B. Georgians for Isakson			Date of Disbursem	
Mailing Address P. O. Box 250116			05 06	2013
City	State Zip Code GA 30325		Transaction ID :	SB23.7524
Atlanta Purpose of Disbursement	GA 30325			
contribution			Amount of Each D	isbursement this Period
Candidate Name		Category/		2500.00
John Hardy Isakson	mant Fam	Type		2300.00
	ment For: 2016 Primary General			
President	Other (specify)			
State: GA District: 00	, , , ,			
Full Name (Last, First, Middle Initial)				
C. Graham for Congress			Date of Disbursem	ent
Mailing Address P. O. Box 310			06 04	2013
walling Address P. U. BOX 310			00 04	2013
City	State Zip Code		Transaction ID :	SR23 7530
Tallahassee	FL 32302		mansachon ib .	ODEJ.I JJ3
Purpose of Disbursement contribution			Amount of Foot B	iohuwaamant thin Doubert
Candidate Name		Catogory	Amount of Each D	isbursement this Period
Gwen Graham		Category/ Type		2500.00
	ment For: 2014			
Senate	Primary General			
State: FL District: 02	Other (specify) ▼			
State. 1 E District. U2				
SUBTOTAL of Disbursements This Page (optional).				6000.00
TOTAL This Period (last page this line number only	r)	·····		

SCHEDULE B (FEC Form 3X)	FOR LINE NUMBER: PAGE 189 OF 191			
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(orleast orliny	•	
	Detailed Summary Page	21b 27	22 X 23 24 25 26 28a 28b 28c 29 30	
Any information copied from such Reports and State	ements may not be sold or u	sed by any perso		
or for commercial purposes, other than using the na				
NAME OF COMMITTEE (In Full)				
angle Wellcare Health Plans, Inc. PAC (wellCare PAC)			
Full Name (Last, First, Middle Initial)				
A. Matheson for Congress			Date of Disbursement	
Mailing Address P. O. Box 521048			05 31 2013	
City	State Zip Code		Transaction ID : SB23.7531	
Salt Lake City Purpose of Disbursement	UT 84152		Transaction ib . 6525.7551	
contribution			Amount of Each Disbursement this Period	
Candidate Name		Category/	1000.00	
James D. Matheson	and Francisco	Type	1000.00	
Office Sought: House Disburse Senate	ement For: 2014 Primary General			
President	Other (specify)			
State: UT District: 04				
Full Name (Last, First, Middle Initial)				
B. Medicaid Health Plans of America	a PAC		Date of Disbursement	
Mailing Address 4450 49th Ctrast N.W. #4040			02 11 2013	
Mailing Address 1150 18th Street, N.W., #1010			02 11 2013	
City	State Zip Code		Transaction ID : SB23.5869	
Washington Purpose of Disbursement	DC 20036			
contribution			Amount of Each Disbursement this Period	
Candidate Name		Category/	2502.00	
0.00		Туре	2500.00	
	ement For:			
Senate President	Primary General Other (specify) ▼			
State: District:	(Spoon) / \			
Full Name (Last, First, Middle Initial)				
C. Portman for Senate Committee			Date of Disbursement	
Mailing Address 9856 Archer Lane	06 05 2013			
			2010	
City	State Zip Code		Transaction ID : SB23.7536	
Dublin Purpose of Disbursement	OH 43017			
contribution			Amount of Each Disbursement this Period	
Candidate Name		Category/		
Rob Portman		Type	1000.00	
	ement For: 2016			
Senate President	Primary General			
State: OH District: 00	Other (specify) ▼			
2.3.0. 3.1 2.0.0.0. 00				
SUBTOTAL of Disbursements This Page (optional)			4500.00	
3 (4)				
TOTAL This Period (last page this line number onl	y)			

SCHEDULE B (FEC Form 3X)					
ITEMIZED DISBURSEMENTS	IZED DISBURSEMENTS Use separate schedule(s) for each category of the (check of the local category)	(check only	eck only one)		
	Detailed Summary Page	27	28a 28b	24 25 26 28c 29 30l	
Any information copied from such Reports and Stater	ments may not be sold or us	ed by any perso	on for the purpose of	f soliciting contributions	
or for commercial purposes, other than using the nan	ne and address of any politic	al committee to	solicit contributions	from such committee.	
NAME OF COMMITTEE (In Full)	MallOana DAO\				
Wellcare Health Plans, Inc. PAC (\	(VeliCare PAC)				
Full Name (Last, First, Middle Initial)			D . (D)		
A. Rubio Victory Committee Mailing Address 228 S. Washington Street, #115			Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Alexandria	VA 22314		Transaction ID :	SB23.7147	
Purpose of Disbursement			Amount of Each [Disbursement this Period	
Candidate Name			Amount of Each L	Disbursement this Period	
Marco Rubio		Category/ Type		13500.00	
Office Sought: House Disburser	ment For: 2016				
	Primary General				
State: FL District: 00	Other (specify) ▼				
Full Name (Last, First, Middle Initial)					
B.			Date of Disburser	nent	
			M M / D D / Y Y Y Y		
Mailing Address					
City	State Zip Code				
Purpose of Disbursement					
Oandidaka Nama			Amount of Each I	Disbursement this Period	
Candidate Name		Category/ Type			
Office Sought: House Disburser	ment For:	Турс	, , , , , , , , , , , , , , , , , , , ,		
Senate	Primary General				
State: President State:	Other (specify) ▼				
Full Name (Last, First, Middle Initial)					
C.			Date of Disburser	nent	
			M = M / D = I) / Y Y Y Y Y	
Mailing Address					
City	State Zip Code				
Purpose of Disbursement					
Candidate Name Category/ Type			Amount of Each [Disbursement this Period	
Office Sought: House Disburser	ment For:	- 7 6 ~			
Senate	Primary General				
President	Other (specify) ▼				
State: District:					
SUBTOTAL of Disbursements This Page (optional)				13500.00	
				01000.00	
TOTAL This Period (last page this line number only))			31000.00	

SCHEDULE B (FEC Form 3X)			NUMBER: PAGE 191 OF 191
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	FOR LINE (check only	NOMBER:
I EIVIIZED DIODUMOEIVIEN I O		21b	22 23 24 25 26
	Detailed Summary Page	27	28a 28b 28c X 29 30
Any information copied from such Reports and Statem	ents may not be sold or us	ed by any perso	
or for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full)			
Wellcare Health Plans, Inc. PAC (V	/ellCare PAC)		
vvenoure riculti riano, mo. 1710 (v	volloare i 710)		
Full Name (Last, First, Middle Initial)			
A. Haley for Governor			Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address P. O. Box 1773			06 06 2013
City	state Zip Code		
•	SC 29202		Transaction ID: SB29.7543
Purpose of Disbursement	20202		
contribution		1 11	Amount of Each Disbursement this Period
Candidate Name		Category/	
Nikki Haley		Type	3500.00
Office Sought: House Disburser	nent For:		
	Primary General		
	Other (specify) ▼		
State: District:			
Full Name (Last, First, Middle Initial) 3.			Date of Disbursement
o.			
Mailing Address			M M / D D / Y Y Y Y
Maining Address			
City	State Zip Code		
Purpose of Disbursement			
Candidate Name			Amount of Each Disbursement this Period
Candidate Name		Category/	
Office Sought: House Disbursem	ent For:	Туре	
	Primary General		
	Other (specify) ▼		
State: District:	· · · · · · · · · · · · · · · · · · ·		
Full Name (Last, First, Middle Initial)			
2.			Date of Disbursement
		M M / D D / Y Y Y Y	
Mailing Address			
City	state Zip Code		
Oity	nate Zip Code		
Purpose of Disbursement			
		1 !!	Amount of Each Disbursement this Period
Candidate Name		Category/	
		Type	
Office Sought: House Disbursem			
	Primary General		
State: District:	Other (specify) ▼		
State. DISTITUTE.			
CURTOTAL of Dishuranments This Dane (astronal)			3500.00
SUBTOTAL of Disbursements This Page (optional)		·····	333.30
TOTAL This Period (last page this line number only).			3500.00
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